

New York Medical Times

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No. 6.

TESTIMONIAL TO DR. EGBERT GUERNSEY, IN COMMEMORATION OF HIS SEMI-CENTENNIAL IN THE PRACTICE OF MEDICINE.

THE present year being the Fiftieth Anniversary of Dr. Guernsey's graduation in medicine, the Medical Board and the Alumni Association of the Metropolitan Hospital and other friends, celebrated the event by a complimentary dinner at the Union League Club on May 27th. Covers were laid for sixty-four, and the beautiful banquet room with the profusion of flowers presented an exquisite appearance, and one to be remembered.

Hanging upon the wall was a superb portrait of the guest of honor, by the eminent artists, Mr. and Mrs. McCloskey, which was the admiration of all.

Dr. Alfred K. Hills, Chairman of the Committee, presided on the occasion, and acted as toastmaster.

The following was the

MENU.

Clams.

Graves, 1878.

Clear green turtle soup.

Amontillado.

Filets of bass à l'Union League.

Potatoes Sara.

Rack of Spring lamb, mint sauce.

New potatoes château.

Fresh string beans.

St. Estephe.

Sweetbreads larded, with spinach.

Asparagus à la Hollandaise.

Sherbet en surprise.

Golden plover with cresses.

Lettuce Salad.

Fancy ice cream.

Strawberries.

Assorted cakes.

Bonbons.

Fruits.

Apollinaris.

Coffee.

Union League Club.

May 27, 1896.

The postprandial exercises lasted well into the small hours, and were greatly enjoyed by all.

TOASTS.

I. Dr. Guernsey.

ADDRESS BY DR. ALFRED K. HILLS.

Fellows of the Medical Board and of the Alumni Association of the Metropolitan Hospital, and Friends:

It is a time-honored custom with our German neighbors to celebrate the jubilee of their more esteemed colleagues in some manner by which they can show their love and veneration in an appropriate way and give vent to such sentiments as they may feel.

Your Committee of Arrangements felt that no more fitting occasion for the expression of our common feelings toward our respected guest could be found than around this board of feasting and good cheer.

No more proper place to commemorate this occasion could be found than in this noble club, of which our guest of honor was one of the founders many years ago, when our beloved country was in need of such service as it could give, and where the Metropolitan Hospital was conceived. I think you will agree with me that, under the circumstances, this is the place where the festivities of this gracious occasion should be celebrated.

It has been my privilege to know the man I am proud to call friend, for many years, and most intimately too. I have seen him under various circumstances, in joy, in sorrow, in success, and in the time which tries men's souls, but no matter what the conditions or environment, the sweet, tender, child-like nature would assert its trustfulness, with that unbounded confidence that all would eventually come out right.

It was nigh onto the wee small hours when my bell rang one night, nearly twenty-two years ago, and I was surprised by a visit from Dr. Guernsey, whom at that time I had known but slightly. He came to tell me of his interview with Dr. W. H. White, and the then President of the Department of Charities and Correction. The interview took place in this club, and it resulted in the organization of our beloved institution—the Metropolitan Hospital. The details of the acquirement, of the vicissitudes through which we had to pass, the rough paths which we had to tread and the difficulties to encounter before our work was accomplished, are too long and tedious for such an occasion as this, but I want to emphasize the fact that no matter what the obstacle that was met with, Dr. Guernsey was always ready and willing to help overcome it, not only by his great individual effort, but by his immense personal influence. The standing of our institution in the department of which it is a component, has been maintained and is to-day largely dependent upon the strong, sterling character of Dr. Guernsey, who has from the beginning been justly recognized as the tower of strength upon which it stands.

It was quite natural that the prime movers in this hospital enterprise should unite upon such a man, one full of energy, magnetism and experience, as an executive officer, and Dr. Guernsey was elected President of its medical board, September 5, 1875, and has been re-elected to this position each succeeding year.

Your humble servant, who has occupied the office of scribe during these years, is in a position to say that, during all this time, there has never been the slightest friction in the work of this board, largely because of the gracious suavity and just decisions of its presiding officer.

But, gentlemen, our own institution is not the only one that Dr. Guernsey has been deeply interested in during these years, for he founded the Western Dispensary, which has now become the "Guernsey Maternity," he was active in the organization of Hahnemann Hospital, for many years he served as a trustee of the Middletown Asylum, for some time he was a director of St. John's Guild, and he has been interested in numerous other works of charity, all of which goes to show that our worthy guest has been constantly following the foot-steps of the Master in doing good. What is more, he has not been a mere figure-head in any of this charity work; he has been an active helpful worker, ever ready with his hand and purse to do more than his share of the work to be accomplished.

My editorial connection with Dr. Guernsey, in the journal which he founded, has been of an ideal character. I

have always found him ready and willing with his mind and pen to fill any gaps that might suddenly occur. I need not say in this presence that he is thoroughly abreast the times, for you all know it; but I must be allowed to assert that his pen is as trenchant to-day as it ever was, his intellect just as brilliant, and his enthusiasm in the work all that could be desired.

From the standpoint of the layman, Bret Harte truly voices the general sentiment, when he says of his friend and physician, Dr. Guernsey, that he is "a man of broad culture and broader experience; a man who has devoted a greater part of his life to the alleviation of sorrow and suffering; a man who lives up to the vows of a noble profession; a man who has locked in his honorable breast the secrets of a hundred families; whose face is kindly, whose touch is as gentle as the dying Narcissa; a man who through long contact with suffering, has acquired a universal tenderness and breadth of kindly philosophy; a man who, day or night, is at the beck and call of anguish; a man who never asks the creed, belief, moral or worldly standing of the sufferer, or even his ability to pay; in brief, a man who so nearly lives up to the example of the great Master that it seems strange I am writing of him as a doctor of medicine, and not of divinity."

To our revered and beloved colleague, Egbert Guernsey, who, having received the degree of Doctor of Medicine from the University of New York, March 9, 1846, this day, by divine favor, witnessing the fiftieth anniversary of that occasion, we, the members of the Medical Board and of the Alumni Association of the Metropolitan Hospital of New York, and other friends, offer our affectionate congratulations and good wishes.

To his splendid intellectual ability, untiring industry, broad culture and liberal spirit, progressive medicine pre-eminently owes her firm establishment and vigorous growth in this country. The period for his jubilee finds him still occupied, in the same spirit, in labors for the same end. In reviewing the fifty years of his professional work, we recognize with admiration his labors in the broad field of science, his unselfish devotion to the advancement of the art of healing, his generous demeanor toward his fellow workers, and his faithful and arduous services to the hospital of whose medical board he has been the president since its establishment.

May a kind Providence long spare him to a profession which he honors, and to colleagues in whose hearts he is cherished, and with our best wishes let us unitedly appeal for his happiness and for his continued health.

Now, my dear friend, I trust that anything I may do or say at this time will not influence you or prejudice us in any respect as to soundness upon one of the great questions of the day.

You may say, and I would not blame you if you did, that this is no place in which to bring up the "silver question," but notwithstanding the general feeling on this subject I am going to ask you to accept this piece of silver which has been modeled into this beautiful "loving cup," as a slight token of respect and esteem of some of your loving friends. Let us hope that it may ever be full to the brim.

The cup bore the following inscription:

To

EGBERT GUERNSEY, M.D.,

In Commemoration of His Semi-Centennial in the

PRACTICE OF MEDICINE.

Presented by the

MEDICAL BOARD

and the

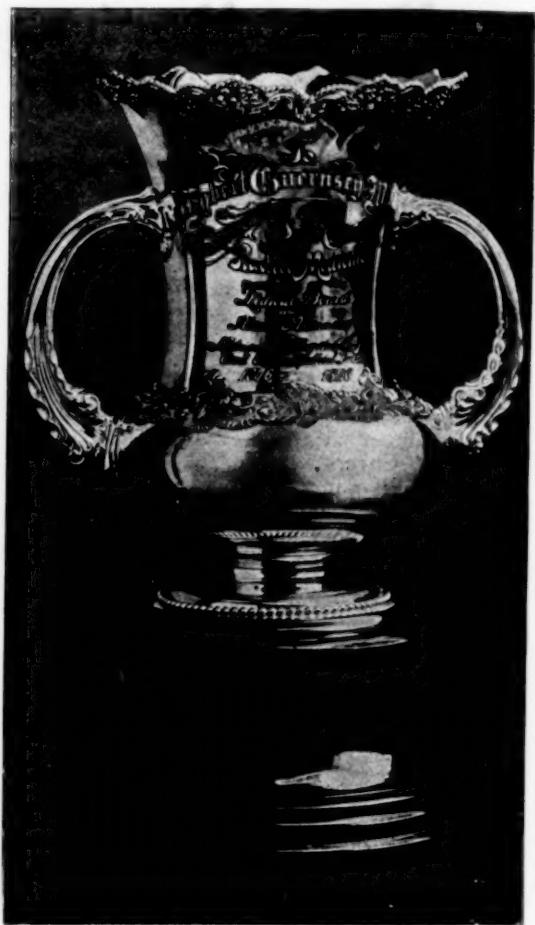
ALUMNI ASSOCIATION

of the

Metropolitan Hospital, New York, and Other Medical
Friends.

1846.

1896.



DR. GUERNSEY'S RESPONSE.

The gift of this loving cup, a poem, exquisite in grace and beauty, wrought out through the highest skill of the artist from one of the most precious metals, is a surprise so complete, so overwhelming, that I have no fitting words to express my thanks. Most precious of all is the loving, generous thought which dictated the act; ever brighter than the shining silver; sweeter, more fragrant than the sparkling wine with which it may be filled. I need not say I have nothing more precious to transmit to my family, nothing around which will cluster more tender memories than the precious loving cup.

It is not necessary for me to repeat the invocation of my old friend, Mrs. Paul Akers: "Backward, turn backward, oh time in thy flight; make me a boy again just for to-night," for as I stand here surrounded by the kindly faces of men who have left the impress of their energy and thought through revolving years upon the records of our profession, and have listened to the eloquent words of my old friend Dr. Hills, as with delicate hand he has unrolled the curtain of the past, and touched with an artist's skill the salient points of a life history, I no longer feel a gray haired man, with face furrowed by the deep lines of age, but am standing in the freshness, the enthusiasm of youth upon the threshold of a profession in which the chief actors seemed to my inexperienced eye like demigods, with the magic power of unfolding the secrets of nature and changing a world of suffering into one of brightness and happiness. How bright the vision! How full the coming years seemed with earnest work and glorious triumphs!

I am again standing in the operating room of my pre-

ceptor and revered master, Valentine Mott. How clearly is that commanding form evolved from the memory of the past! The same calm dignity, the same thoughtful brow, the same massive head—equalled only in modern history by Edmund Burke and Daniel Webster. The patient is stretched upon the table; the assistants and nurses are grouped around—every eye fixed upon the master! The stillness of death reigns through the room, for no one dares speak when Valentine Mott holds the knife. Outside, he is simply a man; but here, where life and death hang upon the delicacy of his touch and the quickness and clearness of his judgment, he is supreme. Even the patient seems hypnotized by the eye and the magic touch of the master, for we have not yet reached that great boon to humanity, anesthesia, which has disarmed the knife of half its terrors. There were no false steps, no hesitancy, but the operation moved on from beginning to end with a grace, a beauty, a precision and intelligence unsurpassed. Valentine Mott was at that time at the zenith of his fame, with a wider and more exalted reputation among the great surgeons of Europe, where he had lived for several years, than at home. In his reminiscences of travel he describes his visit to the tomb of Esculapius, where after ligating the carotid artery of a cock he sacrificed it to the memory of the god of medicine, delivering a short discourse to his companions on the triumph of modern surgery.

The triumphs of modern surgery! To look back through the vista of fifty years to the work which then made men immortal is like comparing the post horses and the swift courier messengers of those days to the click of the telegraph sounder of the present day as it starts a message on a 27,000-mile journey to return in thirty minutes. As we fill up the picture of fifty years' evolution of thought and progress, we catch the key-note of the triumphs of the present sounding as clear and distinct now as when uttered by Mott in his lecture room: "True surgery is built not upon mountains of dismembered limbs, but on the limbs to which we can point as having saved," and the closing words of the grand oldman, as his spirit was passing from mortal to immortal life, "*Order, truth, punctuality.*" Not alone in surgery, but in every department of our profession the past fifty years has been marked by an evolution unparalleled in the world's history. During those years it has made greater advances than in fifty centuries before. The slow evolution of the past was necessary to that of the present. The school-house was the nucleus of the future college, and the college a center, attracting the thought, the evolution, the progress of the world, sending out its rich currents of life everywhere to bless and to heal. The University of the City of New York was founded fifty-five years ago. Its first lectures were in a granite building on Broadway, opposite Bond street. I was a member of its fourth class, which numbered over 300. The teaching was almost entirely didactic, there being but one clinic a week and that held by Dr. Mott. The New York Hospital, the only large hospital in the city excepting Bellevue and Charity Hospital, occupied a double block on Broadway at the head of Pearl street, extending back to Church.

One of the attending physicians was Dr. Sweat. From him we learned the principles of percussion and auscultation which had recently been introduced into the French school by Laenec. His work on diseases of the chest, long out of print, was one of the best in point of diagnosis ever issued from the medical press. With him, as with many of the German and Vienna pathologists, treatment was a matter of slight consideration, his great pride being in the correctness of his diagnosis. I have often heard him say as he paused for a moment by the bed of some poor sufferer: "Gentleman, there is nothing here to detain us, we will confirm our diagnosis to-morrow," meaning that then the knife would tell the true story in the dead house. The only eye dispensary in the city where students could receive clinical instruction was a small one in Howard street, where Drs. Du Bois and Wilkes officiated. Dr. Horace Green had just commenced his specialty of disease of the throat, the treatment being mostly either with the

knife or the application of nitrate of silver with the probang. And so the profession moved on as it had done for centuries, gaining little by little each year, each year recording some new fact, giving birth to some new thoughts to be utilized when a master mind should gather them together and crystallize them into some tangible form for practical use. Truth does not spring, like the fabled Minerva, full formed from the brain of Jove, but is the work of evolution, solving often with weary and painful slowness each link in the problem. The oft repeated phrase of the "Dark Ages" is simply a poetic license. There never has been a dark age. During all those centuries when brute force seemed to be the master, the great problems of life were being worked out by observing minds in the quiet monasteries of mountain fastnesses, away from the fierce surges of war and the bloody sway of animal passions. Paracelsus, with his higher spiritual philosophy, which saw God in every living being and in every atom of life, uttered not his own thoughts only, but in a more complete form those of hundreds of minds, who had communed with Nature during the centuries which preceded him. The so-called philosophy of Hahnemann was but an amplification, a crystallization, if I may so call it, of the highest thoughts of the centuries in therapeutics, in the crucible of his own mind, into a living system. That system was not simply the study of drugs from a single standpoint, or their administration in obedience to a fixed law. That which most aroused the antagonism of the medical profession was only small part of his system. He looked not only to the dual nature of drugs, but to the dual nature of man in his spiritual and material life, and sought to bring the diseased and tortured body back to health by placing it under the influence and control of its harmonious laws. Under this new philosophy drugs were simply helps to Nature in the process of cure, not always needed, however, when Nature was permitted to have full sway. And here was brought into full play those laws of hygiene, of antisepsis, the individualization of cases and conditions which made the triumphs of the last fifty years possible. It pointed out the causes of disease in impure air, in lack of cleanliness, in improper food, in water saturated with poison, and demanded attention, first of all to these factors, looking upon the carefully selected drug as a matter for later consideration. This line of thought was in direct harmony and suggestive of those later investigations in germ life and bacteriology, in isolating the vital principle of remedial agents by the chemist, and adapting the various forms of food to their specific use. Hahnemann was in our profession the herald of Nature and his plea for Nature rung out so clear, so full of life, that whatever may have been thought of his dogma of drug action, the notes were caught up by thoughtful minds throughout the world. It is a question if the startling success which followed the immediate introduction of the new philosophy into this city was not due more to the cutting off excessive drugging and a strict observance of those hygienic laws which formed so important a part of the new treatment than to the use of drugs, however important they may be in certain conditions. The physician looked with the utmost care to the surroundings of the patient, without which the most carefully selected drugs would have proved of but little use. The trained nurse followed as a matter of course, and the fact may be an interesting one in this connection that the first charter granted by the State for a training school was obtained by my old friend and pupil, Dr. Alfred E. Sumner, the founder of the Cumberland Street Hospital, for the Brooklyn Maternity. The influx of light into our profession during the past fifty years has placed us upon a higher plane than in those days when the Kappa Lambda Society sought to crush such men as Valentine Mott, John W. Francis, David Hossack, Wright Post and Samuel L. Mitchell, names which the world will not willingly let die. How distinctly I recall an incident in the office of Dr. Mott, which showed how even he dared not act out his true nature. I was preparing the table for an operation and could not help but listen to the conversation of our old friend, Dr. Wilson and Dr. Mott, who were warm personal friends

"I would like to meet you, Wilson," said Dr. Mott, "but I dare not." Upon the impulse of the moment I said, in a tone of surprise: "Valentine Mott dare not?" A sad smile came over the face of the old man as he said: "No, my boy, not even Valentine Mott dare excite the wrath of a large portion of the profession."

When at a later day I, too, became charmed with the new faith—new, but old, for it was faith in Nature's laws—and joined the little band of earnest men in their studies and their work, nothing cut so deeply as the loss of professional companionship, feeling that we were to a certain extent standing almost alone—outcasts from the great body of the profession. I will not dwell upon these days of struggling, of unceasing work, of loneliness, of which a fast fading memory only exists. The new school was simply a step in advance of the great body of the profession, it was the herald of that coming day in which, science in its unfolding of the laws of Nature, pointed with unerring finger to conclusions and results reached only by the careful analyses of well-established facts as a basis for at least professional respect, and a union of forces working along similar lines for the good of humanity.

In this work of progress the Metropolitan Hospital has had full share. I need not refer to the organization of the hospital. That has been graphically narrated by one of the foremost leaders in the work, whose wise counsels and earnest work have done so much for the success of the hospital. But I may be pardoned if I speak in terms of pride of an institution which has done so much, not alone for humanity, but for advanced medical thought throughout the world. It has been not alone a hospital relieving the suffering, but a great post graduate school, each alumnus as he leaves its wards for the active work of his profession a center of advanced thought, of brilliant work, of scientific accuracy which has crowned their efforts with enduring success. The seed sown in that hospital is ripening in a rich harvest in the great field of intelligent labor. As authors, as specialists and in every department of our profession I do not recall a single one of the large number of physicians who have formed a part of our hospital staff who has not met with merited success. If it has been a privilege to live and work during the past fifty years, how much greater the privilege of forming a part of the great army of workers during any portion of the fifty years to come. The progress in the future, judging from the past two decades, a progress in which you will form a part, will be beyond the wildest dreams of the imagination. The great field is ripe for the harvest, and the laborers ready and eager for the work.

2. The Department of Charities.

The City of New York is most fortunate in having as the representative of its vast charities, a Board always alive to the interests of the people, and always active and painstaking in carrying out its noble work.

We have with us on this occasion one of the Commissioners of this great department, and I have the pleasure of introducing that veteran in charity work, Gen. James R. O'Beirne.

[Gen. O'Beirne made a most enjoyable and felicitous response, in which he expressed the greatest confidence in the management of the Metropolitan Hospital, and offered his warmest congratulations to the guest of the evening. We had expected to publish this address in full, but up to the hour of going to press it has not been received.]

3. The Regents of the University of the State of New York. The names of illustrious men are the eulogies of those who bear them and the inspiration of those who follow.

We all know that the University of the State is the leader and guardian of the great educational interests of the commonwealth. That its watchful care and wise forethought are seen everywhere in our institutions of learning, from the school-house to the hospital wards. It may not be known, however, that the State is indebted, more than to any one else, for the laws enacted within the past few years, and which have done so much to protect this community from irresponsible men and elevate the standard of medical education, to

Regent Watson, whom I now have the pleasure of introducing.

RESPONSE OF DR. W. H. WATSON.

The University of the State of New York owes its origin to the disinterested labors of some of the most honored citizens of the Commonwealth—men renowned in public service, and whose lives have fully illustrated the dignity of the sentiment that *noblesse oblige*. Its first suggestion was due to Gov. George Clinton, a member of a family which has impressed itself upon the annals of the State more deeply than any other connected with its history.

At the close of the Revolution the whole system of education in this State was nearly defunct. Private schools were feeble and no public school system existed. In his first message to the Legislature Gov. Clinton used these memorable words: "Neglect of the education of youth is among the evils consequent upon war. Perhaps there is scarcely anything more worthy of your attention than the revival and management of seminaries of learning." In the first session after the war the Regents of the University were incorporated as the governing body of King's College—which was to be revived under the name of Columbia—and of such other colleges as the Regents might choose to establish. The original act was passed May 1, 1784. Three years later, on April 13, 1787, the Legislature authorized a revision of the law. Ezra L'Hommedieu, a graduate of Yale, and Alexander Hamilton were members of the Committee on Revision, and Hamilton's pre-eminently creative mind was probably its controlling spirit. The act, as then amended, in its chief provisions, is now the organic law of the University. It is a supervisory and administrative, but not a teaching, institution. It is a State Department, and at the same time a federation of 627 teaching institutions of higher and secondary education. The Regents are elected by the Legislature, in the same manner as United States Senators, and their term of office is for life. It is a purely honorary position without pecuniary compensation of any kind, and as such has commanded the services of men of the highest character in the State. Among the earlier Regents we find the names of Alexander Hamilton, George Clinton, John Jay, Philip Schuyler, Baron Von Steuben, DeWitt Clinton, Henry Brockholst Livingston, Daniel D. Tompkins, James Kent, James Duane, John H. and Edward P. Livingston, Gulian C. Verplanck, Martin Van Buren, Washington Irving, William C. Bryant and William L. Marcy. In the language of George William Curtis, "the highest tribute to the Board of Regents is the truth that although every member is necessarily elected by a party vote, yet at the door of their council chamber party vanishes and politics disappear." All its deliberations are conducted in the spirit of the Virgilian motto: *Tros, Tyriusque mihi nullo discrimine agetur*. It is a great department of the State, from which all political, personal and sectarian influences have been entirely eliminated. The speaker believes that every case which has arisen in the course of the fourteen years during which he has been a member and a regular attendant upon the meetings of the Board of Regents has been decided solely upon its merits. I think, Mr. President, that the medical profession in this State may consider itself particularly fortunate in having a central educational and administrative body, which is at the same time an impartial court (the exact analogue of which exists in no other State), to pass upon the preliminary requirements for medical education, and to supervise and conduct the examinations for medical licenses to practice. The State of New York to-day stands in the very vanguard of medical education. It may be, I think, a subject for congratulation that the recent Constitutional Convention imbedded in the organic law of the State that department, largely due, if not entirely created by the unrivaled political genius of Alexander Hamilton, which, venerable with age, and now well advanced in the second century of its existence, is one of the very few institutions that remain unchanged amid the influences, which, in these later days, seek to reduce everything pure, noble and of good repute to debasing subjection to the fluctuations and uncertainties of party politics.

To whom, Mr. President, among medical men can the sentiment of the toast to which I have the honor of speaking, "that the names of illustrious men are the eulogies of those who bear them, and the inspiration of those who follow," be more fittingly applied than to the distinguished physician whom we are this evening assembled to honor?

Fifty years have passed since he was born into the medical world. During that long period what has been his character? How has he comported himself in all the relations which he has borne to the public and to society—as a man, a gentleman, an editor and author, and as a physician? What are the results of his labors upon the medical profession? Such are some of the questions that I would seek to answer.

A lineal descendant of an Earl of Huntington and a Duke of Newcastle, his American ancestor, John Guernsey, emigrated from the Island of Guernsey in 1638, and was one of the 180 Puritans who established the New Haven colony in that year. Educated at Phillips' Academy and at Yale, after a residence of one year in Europe he entered upon the study of medicine in the office of Valentine Mott, then the most distinguished surgeon of the United States, and was graduated at the Medical Department of the University of the City of New York in 1846. Possessing decided literary tastes, in the earlier years of his professional life he was at various times connected with the *New York Tribune*, the *Evening Mirror*, then edited by Geo. P. Morris and N. P. Willis, and in 1847 established the *Brooklyn Daily Times*, of which he became the editor-in-chief. He also wrote a school history of the United States, which was extensively used. Early in his professional life in New York he became a close student and earnest advocate of some leading principles of the new philosophy but recently introduced by Hahnemann. Believing, as did the celebrated Dr. Rus', that "the office of the physician is simply to be the handmaid of Nature," the system which sought in all the surroundings of the sick, and in all its medication, only to aid Nature, as herself the great physician, naturally appealed strongly to his sense of harmony and truth, and with the candor of a great mind he ardently turned to its thorough investigation, and becoming convinced of the truths which underlie the principles of the so-called Homeopathic School, he honestly and fearlessly decided upon its partial adoption in his practice. He gradually arrived at the views which he now holds, "that the Homeopathic School of the present is a liberal school, and that while its members look to the philosophy and teachings of Hahnemann as a guide in much of its therapeutic work, they yet utilize all of good, according to their judgment, which they find in the army of thinkers in the scientific world."

In the estimation of the speaker, the most important step in the career of Dr. Guernsey and the most far-reaching in its results, was the establishment of the NEW YORK MEDICAL TIMES in 1872, an independent medical journal, whose pages were open to a full and fair discussion of all matters pertaining to the profession. Of this he became the editor-in-chief. In this journal he has conscientiously supported the most liberal views in medicine. Regarding the so-called Homeopathic School as in fact the "Modern School of Rational and Liberal Medicine," and believing that the same lines of investigation are being more and more pursued by the intelligent and enlightened members of all schools, he has advocated the dropping of a sectarian designation which by no means covers all the teachings of the new school and which he believes to be an obstacle to its usefulness. This change he believes would "involve no surrender of principle, no abandonment of scientific, social or charitable organizations, no relinquishment of work which has been successful, but is urged with the utmost candor and with due respect for the convictions of others." It is needless to say that with these views of Dr. Guernsey the speaker is in full accord, and very much deplores the use of any sectarian designation of medical men. I believe, as does Dr. Guernsey, that they should all stand shoulder to shoulder as simply physicians, and that there should be entire liberty of opinion, of practice and of fraternization among all legally qualified physicians, and that the terms

of admission to any medical society should be so broad as not to exclude any legally qualified physician on account of therapeutic belief.

Dr. Guernsey is pre-eminently one of those men whose "tall, heroic manhood the level dullness breaks." Of commanding presence, dignified and gracious bearing, he is at all times free from every suspicion of the vulgarity of hauteur, which so frequently accompanies *inferior* minds, and is always the genial and affable companion and friend.

All classes of his patients bear cordial and willing testimony to the purity of his motives, the unselfishness of his aims and the true nobility of his character. Devoted to the noblest of professions with an enthusiasm and love which have never known abatement, he feels that, as disease acknowledges no privileged exempts, neither does medicine admit the distinctions of pride or place when dispensing its benefits. In the words so fittingly applied to him by a distinguished writer: "His face was as kindly, his touch as gentle in the wards of the great hospitals as it was beside the lace curtains of the dying Narcissa."

Dr. Guernsey, descended from Puritans of noble blood, may well be defined as "The Puritan Gentleman." In all the positions which have been conferred upon him, whether as editor, author, professor in a medical college, Trustee of the Middletown Asylum, President of the Board of Trustees and Physician-in-Chief of the Metropolitan Hospital, or President of the State Society, the bodies which have appointed him have had abundant reason to feel highly honored by the recipient of their favors.

The results of his labors have been far-reaching, and they will continue to exert an incalculable influence in this and in other lands. That there is a growing liberality of sentiment and kindness of feeling among all branches of the medical profession, and a palpable tendency to a coalition on some common platform no observing man can deny, and it is the belief of the speaker that to the writings of Dr. Guernsey more than to any other cause is this desirable result to be attributed. Differences now exist in name rather than in reality. Ere long bigotry and intolerance will be able to find no abode in the medical profession of this State. They certainly have no place in the realm of science.

4. The Medical Board. The main-spring upon which a well-regulated hospital must depend.

I will call upon Dr. C. L. Bagg, Vice-President of our Board, to respond.

RESPONSE OF DR. BAGG.

Members of the Medical Board of the Metropolitan Hospital and Other Friends:

We meet here to-night to celebrate the fiftieth anniversary of our friend, Dr. Egbert Guernsey, in the practice of medicine, and also to congratulate him on the half century in which he has labored so successfully.

While reading that beautiful and touching story by Ian McLaren, which I presume is familiar to you all, "The Doctor of the Old School," there was throughout it all one man constantly in my mind. His steadfastness of purpose, the gentleness of nature and kindness of heart, the skill in his chosen profession, acquired not alone from printed volumes, but drawn from the hidden mysteries of Nature by patient work and observation, the kindly advice and encouragement to those in distress; the broad influence for good in the community in which and for which he lived, all seemed fitting pages from the life history of our friend Dr. Guernsey.

Looking back over his fifty years of work, what marvelous changes he has seen. Etiological and pathological theories, that at that period seemed undisputed facts, have been overthrown. The surgical procedures are so advanced that the vital organs are explored or operated upon with almost perfect safety to the patient. Bacteriology, through the investigations of Pasteur, Koch and others, has proven that certain diseases are due to germ action, each individual germ upon entrance into the body producing in each instance its individual specific disease. Diseases are prevented or again cured by injection into the body of poisons resulting from germ growth. The

knowledge and application of asepsis and antisepsis, that allows the modern surgeon to acquire such brilliant operative results; the last wonderful discovery in electricity, which enables one to see clearly photographed the bony framework, all would have seemed little less than miraculous to the graduating student of his day.

About the time of his entrance into the medical arena there came also from the other side of the Atlantic the new law of therapeutics advanced by one Samuel Hahnemann, who contended that the old law of contraria was fallacious and injurious to the sick, and the only true method of cure was by similars, or like curing like, he differing in that respect from Hippocrates, who said that certain diseases were to be treated by contraries, and again others by similars.

Grasping its facts, and with that broad spirit of investigation and liberalism that has ever dominated his character, he applied them practically, until becoming thoroughly convinced of their truths he abandoned the ranks of the old school and seized upon the banner of the new, and with it in his hands fought its battles until he saw it safely and firmly planted. Not back in the ranks did he serve, but always in the front, braving the heat of the battle, and by his courage and advice sustaining those about him.

Ostracized from social, scientific and medical societies, frowned down upon by the laity, the early pioneers of this philosophy, and he, foremost among them, fought a battle that required more moral courage than to face a contending army. Never daunted however, or fearing to acknowledge his convictions, he ceased not in his efforts until he saw the new school thoroughly and favorably recognized.

As the truths of the new school became practically demonstrated, adherents rapidly increased, men flocked to it from the old school; a college was opened for its teachings; but one thing was lacking, however, and that was facilities for its clinical demonstration, and efforts were frequently but ineffectually made to gain entrance into the large public hospitals, where its principles might be applied.

It was in this club, though not in this building, that the hospital which we to-night represent, and of which we one and all have just reason to be proud, had its conception, and its parent, if I may be permitted to use such an expression, was Dr. Guernsey. To him, probably more than to any one man, does the profession owe the fact that we control one of the largest charitable hospitals.

It was suggested to him in 1875, that if the tax paying friends of this cause would only recognize what an amount of money was yearly paid into the city's treasury for the maintenance of its charities, they might demand and probably would receive recognition in its medical departments. Papers were circulated among the friends and patients of the various physicians, and in three days' time four hundred million dollars of taxable property was represented, and probably double that amount would have been forthcoming if required.

Armed with this convincing proof, a petition was presented to the Commissioners of Charities and Correction by William Cullen Bryant and A. T. Stewart, and the Inebriate Asylum on Ward's Island was given them as a hospital.

A medical board was organized, and Dr. Guernsey was at once chosen as its chief executive officer. With the advance of years the hospital has steadily grown, and its work has increased until it is recognized as one of the great fields of clinical instruction. Among the members of our medical board who look after the welfare of those poor and needy patients entrusted to our hospital are skilled specialists in the various departments of medicine and surgery, as well as the general practitioner. Operations of all magnitudes are daily performed, and the patients in the different medical wards receive the most modern methods of treatment.

The one hundred and sixty or more internes who have served during the accumulating years reflect the greatest credit on the Medical Board, as all have been generally successful, and many hold responsible positions in various public institutions throughout the land.

A training school for nurses also exists under the instruc-

tion of the board, and the general success of its graduates after their entry upon their vocation shows it to be second to none in the country.

It is with feelings of profoundest gratitude that I turn to our great chief, and acknowledge him to be the fountain head and power that has brought all this to that stage of development; so fruitful of good to ourselves and so full of honor to him. His life has been the exemplification of that noble precept: "To thine own self be true, and it must follow, as the night the day, thou canst not then be false to any man."

5. The House Staff. An able, efficient and faithful interne is an absolute essential to the well-being of a hospital.

The Medical Board of this hospital is fortunate in having in its number many ex-internes which are its bone and sinew.

I will call upon Dr. Bukk G. Carleton, President of the Alumni Association, to respond.

RESPONSE OF DR. CARLETON.

Mr. Chairman and Colleagues:

As alumni of the W. I. and Metropolitan Hospitals, we well understand how words fail to express that pleasure we all enjoy in being able to be present to pay homage to the eminent physician who has been President of our hospital since its organization.

His noble personality has always been a beacon light for every one of us. The broad and catholic spirit displayed in his practice and in daily duties of life, his love for his fellow physicians and generous feeling toward all; his untiring work and interest in the institutions with which he is connected, and more especially his fatherly care and solicitude for the large family of alumni which he has seen grow and prosper, cannot but engender sentiments of love, honor and respect.

As members of the various house staffs, we all remember how ever ready was the cheering word of encouragement as we journeyed onward over difficult roads of knowledge which he had traveled years before; how freely he gave from his years of experience and large storehouse of knowledge, those clear and valuable indications for the prevention of disease and cure of the cases presented for his consideration, which, in our battle with disease have always proved of untold value to our patients, and added many a laurel to our fame.

We have all wondered at his almost inexhaustible resources and brilliant mind, and can say that the alumni and the hospital have been truly blest.

Time does not allow us to dwell on the many characteristics that we all have learned to love.

Twenty-one years ago, Dr. Guernsey was unanimously chosen President of the Medical Board of our Hospital, and has never been found wanting. He has at all times carried the standard forward through disappointments and difficulties, but always triumphantly, and to-day this hospital is second to none in either branch, medical or surgical; with about 200 alumni at this date to follow his footsteps and to carry the banner onward, principally through the knowledge gained from his untiring efforts and teaching.

Members of this large family to-day are found in nearly all of the colleges, visiting staffs of the hospitals of the new school in this country—and are met with even abroad—and we may with pardonable pride point to them all as successful practitioners, and no one will ever deny that their success has been largely due to thorough, intelligent training and experience received in the hospitals over which he presided, and in which he is and ever has been the guiding spirit.

Many of the alumni are absent to-night, for professional or family reasons; but they are one and all present with us in the spirit, and are thankful that an opportunity has presented itself, whereby we might as alumni assist in the celebration of this, the fiftieth anniversary of the graduation of our illustrious Dr. Guernsey; and we believe that those who have passed over to the majority, join with us in wishing long life, health and perfect happiness to our esteemed colleague, friend and benefactor, Dr. Egbert Guernsey.

6. The Chief of Staff. The main spoke in the wheel which keeps a hospital running. He represents everybody in their absence, and is expected to do *everything*—executive, professional, mechanical, together with the farming, gardening, etc., etc., etc. He is the man-of-all-work, including the "Training School for Nurses."

The Metropolitan Hospital is fortunate in having a man in this position who can do all these things at the same time.

I need not introduce to you our genial Chief of Staff, because you all know him.

DR. STEWART'S RESPONSE.

There is always a time in a man's life when he wishes that he could put in words the sentiment of his heart. Such a time has come, and I am loath to attempt what eloquent speakers have testified to in such glowing tribute. I heartily endorse all that has been said in reference to our great and generous friend, and can add one more honor to his breast, and call him Father of the Chiefs of Staff, for to him of all others is due the crown, if there be such, of making a Chief of Staff, after he formed what to-day is one of the largest hospitals in the world.

This is a time for congratulation and rejoicing—not for the dry statistical statements I can make of the thousands of patients treated, of the nature of the operations performed, of the wonders of the autopsy, of the marvelously low death rate, marking our treatment as one to be proud of, or of the duties of the Chief of Staff. Still, it may be of interest to you to know that, under our magnificent President, the hospital has grown in six years from 4,100 to 7,400 patients treated, and that its death rate decreased nearly 1 per cent. during this period.

That since the foundation of the hospital in 1875 there have been six Chiefs of Staff. I can mention three of them, who are well known to you and to the profession at large—Dr. Selden H. Talcott, Superintendent of Middletown State Asylum; Dr. A. P. Williamson, Dean of the Minnesota Homeopathic Medical College, and Dr. T. M. Strong, Superintendent of the Massachusetts Homeopathic Hospital. Considering the positions these gentlemen now hold I feel as though I had some show.

In the administration of the affairs generally there are times when advice is needed on questions of importance. Such times have been of frequent occurrence during my six years in the hospital, and I have always found an earnest friend and strong adviser in Dr. Guernsey, who is ever ready to assist and uphold me by word and counsel. This advice has not been to me alone. There are other members of the house staff who have every reason to be thankful to him for his assistance, both in sickness and in health. Many times to my knowledge has he left his home to visit the sick doctor on the island, and the advice he has given to those graduated by the hospital has been invaluable. That this has been appreciated can be seen by the many letters recently received by me.

It is impossible to describe the position of the Chief of Staff of the Metropolitan Hospital. He is a regular Pooh-Bah, who is supposed to do everything to perfection, and see everything that other men do not do, and do not see. He is obliged to light all the vessels that pass through Hell Gate, cook the food, and cure the sick. At the same time he has to change his raiment whenever he visits the Training School for the female nurses, to be *en rgle*.

Speaking of the Training School reminds me of our President, Dr. Guernsey, who for years worked to establish what to-day is an honor to our profession, and my pet scheme. This school started under most adverse circumstances, with but seven nurses; to-day it boasts of forty, with its home for graduates in this city, and a record of which it is proud. All this has been your work, my dear doctor, and all honor to you is here meted out.

To-day our wards are full to overflowing. Our visiting staff are men full of work and honors, our resident physicians are gentlemen of high intellect, and our nurses—nurses in the full acceptation of that term, nurses in the wards, gentle women in their homes.

During my six years as Chief of Staff the name of the hospital has been changed three times, and each time for the better, but one change was a startling one. I mean

the move we made on March 26, 1894. Will I ever forget it? Never!

It is memorable—never can its memory be effaced. It was the first Monday after Easter Sunday, cold, bleak and dreary; but so excessively funny that I can see my 400 still marching down the hill from the Wards' Island Hospital, and trudging up from the boat to the old Blackwell's Island Insane Asylum, every one of them, the lame, the halt and the blind, carrying something, no matter whether it was a bed-pan or a bird cage, while I stood hatless, howling and yelling my directions to put such a one to bed when there were no beds. The insane officials had kindly left all the beds on the lawn. That night we slept as our friends were wont to sleep of yore, on boxes, in boxes, on the floor and on anything—but with all our moving we did not lose a patient, nor a meal. We were sorry to lose our old home, but I thank the gods that gave us so little foreknowledge of what we were to endure—but now all is changed—our homes and our wards are bright with cleanliness and cheer.

Thanks are due to those men who have so kindly interested themselves in our behalf, our Board of Commissioners, to whom too much credit cannot be given for the change they have made in a building nearly ruined by misuse, and which was so graphically described by Dickens as of the Past, in his "American Notes."

Before closing these remarks, I wish to thank you, Dr. Guernsey, for the advice and assistance you have given me, and for your many acts of kindness. That your great, big-hearted, useful life may be prolonged many years to enjoy the "loving-cup" is my earnest wish.

7. The lawyer and the physician are brought more closely in contact with the great heart of humanity, with all its yearnings, with all its secrets, with all its motives and with all its wants, than any other class of the community. They meet at the death-bed where a life's earnings are distributed, they meet in the court room in the sharp analysis and logical presentation of facts which turn the scales to the side of justice, and they meet, too, co-workers in all those great movements looking to the care of the poor and suffering and the protection and best interests of society.

I am most happy to be able to introduce to you this evening the Hon. William Van Namee, a fitting representative of the broad-minded liberality, the wisdom and the energy of the legal profession, more especially when directed to the great medical institutions of the State and the development of a higher education in every department of life.

RESPONSE OF MR. VAN NAMEE.

I have always esteemed it one of the choicest privileges, as it is one of the most precious memories of my life, that for nearly twenty years I was brought into close and constant relations with our honored guest in joint service upon the Board of Trustees of the State Homeopathic Hospital at Middletown. And since

"I count myself in nothing else so happy
As in a soul remembering my good friends,"

I feel that it is a most delightful sequel of that great privilege that I should be permitted to participate with you in this general tribute, and especially that I should be permitted to testify to the splendid qualities of mind and heart exhibited by our guest in that branch of his life work with which I am chiefly familiar.

Indeed, no review of his life work would be complete which failed to include his services to the noble institution to which I have referred. Dr. Guernsey entered upon his labors there during its formative period. He impressed upon it, in a marked degree, his views, his policy, his principles, as to the proper care and treatment of the insane. It was he who selected and brought to the executive management of the institution Dr. Selden H. Talcott, whose success has so amply justified his judgment and foresight. It is no disparagement of the services of others to say that to no one except Dr. Talcott and President Grinnell Burt is the profession and public as much

indebted for this ideal, this model, this unapproached, this incomparable institution as to Dr. Guernsey, who gave to it for twenty years the best energies of his heart and brain.

I say his best energies advisedly. You, who did not see, cannot realize as I do the faithfulness, the devotion, the conscientiousness which characterized the performance of his duties. Some of us, I fear, performed our duties in a perfunctory and official way. Not so with him. His knowledge of every detail was minute, careful and exact to the last degree. Nothing escaped his most patient and jealous scrutiny. He grudged no amount of time or labor necessary to enable him to understand every need and to promote every interest of the institution. And his mind teemed with fruitful suggestion, with wise counsel, with profitable instruction.

Then, too, the language in which his views and suggestions were conveyed to us. He met many able men in that board whom he well remembers, not to mention those who are still living, but to mention only those who have passed away; there was Judge John G. Wilkin, a man of massive intellect and rugged force of character. There was Senator Daniel B. St. John (for whom your distinguished Dr. D. B. St. John Roosa is named), the most polished, the most courtly, the most captivating gentleman of his time. There was Congressman Moses D. Stivers, the most forcible and ready editorial writer of Eastern New York. There was Hon. James G. Graham, whose wit, imagination and sentiment held us all spellbound and entranced.

But in all this gathering of brilliant intellects there was no English spoken as pure, as correct, as exquisite, as faultless, as felicitous as that which fell from the lips of our distinguished guest. Often have I sat in wondering admiration at the art which could clothe thoughts so practical in language so poetical; which could invest common things with a new meaning and a higher interest; which could transform the sordid things of life into images of beauty, of hope, of consecration and of humanity. He embellished every theme that he touched; he dignified every subject which he discussed; he uplifted every debate to a loftier plane.

It is this rare and fine accomplishment which has enabled him to lay so many interests under obligation to him. To-night we honor him not merely as a distinguished physician who has completed a half century of honorable devotion to his profession, but as the broad philanthropist whose generous heart is open to all the claims of our common humanity; as the commanding orator whose words have touched the hearts and awakened the consciences of men; as the exquisite writer whose teeming pages have influenced far and wide the thought of his time. When to all this you add the contemplation of all those social graces and accomplishments which have made him the most charming of companions, where will you turn for a figure, a personality more unique, more interesting, more attractive? Long may it be spared, in all its manly dignity and beauty, a blessing to us, to its kindred, to mankind.

8. The Empire State. Always foremost in its great works of charity and in every effort to elevate the people. I will call upon Gen. Howard Carroll to respond.

9. There is a rumor in the air that the Surgeon-General of this State is something more than a figure-head, and that he has infused into the Medical Department of the National Guard the energy, the order and the discipline which has always characterized his work in other walks in life.

DR. TERRY'S REMARKS.

The occasion is solely for the purpose of honoring a member of the medical profession, whose principles are humanity regardless of school. I, therefore, do not care to side-track the motive which has brought together a body of men which may well be considered a compliment to him who has for so long a time deserved the recognition of his invaluable services to the medical profession. I will simply say I am endeavoring to do my duty for the medical department of the Guard, and if my achieve-

ments please the members and my friends I shall be satisfied.

The name of Dr. Egbert Guernsey, of this great metropolis, is equally known throughout this entire country for his "domestic" practice, is as familiar to those families who have employed Homœopathy as is the New Testament. This work has crossed the Atlantic Ocean, has taken root in a foreign country, and has been translated into many tongues.

The name of Guernsey is synonymous with strength and solidity. His brain was constructed on true architectural principles, for we find he began his education at Phillips Academy, that he was taught in medicine not only in all that pertains to the dominant school, and practiced in it for many years, but like the philosopher that he is, always moving forward, and therefore in his march of progress he not only investigated the new school, but has for many years adopted the underlying principles of it.

I have studied this grand old man for more than twenty years. The early life of a newspaper man—a reporter and an editor—does not seem to have hardened his heart, for he has the tender sensibilities of the tender mother, mixed in grand contrast with an independent courage and logical conviction on all subjects, and is ever ready to defend them, regardless of the quality of brain or number of those thinking otherwise than himself.

He was once an honored militiaman of this State, and shows the true soldier he would have made in the hour of peril, for he is brave, true and self-sacrificing.

The climax of his ripe career and the summing up of his mature judgment, shows his prejudices, if he ever had them, have melted away, for his creed in medicine, like his creed in religion, is liberal, generous, conciliatory and deferential, believing that there is good in everything, imperfections in all things, and therefore to do the greatest good to the greatest number his wisdom concedes the good in all, and his duty to humanity yields obedience to the acceptance of truth, come from what source it may.

10. The State of New Jersey is noted for many excellent things, but for nothing more than its genial, whole-souled doctors.

We have one of them with us to-night, and I know you will be glad to hear from our friend Dr. Mandeville, of Newark.

11. Our Medical Colleges. The source from which we draw our internes. May they always send us their banner men.

I take pleasure in calling upon Prof. Malcolm Leal for a response.

DR. LEAL'S RESPONSE.

I would like to add to the sentiment already expressed the following:

Our Medical Colleges: May the profession unite to support them; may the laity learn to appreciate its indebtedness to them; may all unite in furthering the interest of the students of medicine, regardless of personal antagonism or personal gain.

There are in this city two undergraduate medical schools. Both have striven against heavy odds for over thirty years to provide instruction for men and women who desire to practice medicine according to the principles formulated by Samuel Hahnemann.

Poverty, mismanagement and opposition have combined to obstruct their progress, yet withal, to-day they each maintain a standard even higher than the law demands.

This spring they have made radical changes in management. Governing faculties have been abolished, or rather have been so enlarged as to include all professors. Whether this is wise remains to be seen, but I believe it to be an important factor in harmonizing the work of the various departments.

Another action taken by both faculties I believe to be of even greater advantage to all Homœopathic institutions; that is, the provision of time for their students to attend your clinics at the Metropolitan Hospital.

I believe that the time has come when the colleges and hospitals will work together for the common cause—the education of the physician.

Reverting to the sentiment, "May they send us their best students," just let me remind you, Mr. Chairman, that there are women in medicine, and that the time must come when your staff must admit women to examinations for places as internes.

It is to me a valued privilege to be here this evening to celebrate the anniversary of one whom I have known and admired since I was a student in one of our colleges.

And my pleasure is enhanced by the fact that I have been a constant dweller in what was the camp of the enemy. I say, "What was," for I believe that no such camp now exists.

So I wish to add to my personal congratulations to Dr. Guernsey the congratulations of our medical colleges.

12. The Medical Press. The beacon light of the profession.

Responded to by Dr. E. H. Porter.

REMARKS OF DR. JAS. A. CARMICHAEL.

I esteem it a great privilege to take part in the expressions of high respect and affection that have been so generously extended to my old and dear friend, Dr. Guernsey, here this evening. When a good man dies, the world feels itself enriched in that he has lived, and all the more so when he still lives and still bestows the ministrations of his goodness for the benefit of his fellow man. When I use the term good man it is not with the interpretation that is so often given by the world to indicate the man who is so called because he is to all appearances a faithful and zealous churchman, for example, and duly performs all the functions and observances appertaining thereto, so that he is often named as a pillar of the church. Far be it from me to depreciate the services and ordinances and everything belonging to religious requirement that the Christian world has adopted as the medium of communication between man and his Maker; but we are so often called upon to witness the unfaithfulness of the good man and see the pillar of the church give way and the whole superstructure of reputation, good name and all that makes life worthy and of good repute totter and fall in one tremendous crash of ruin and irremediable chaos. He has "worn the livery of heaven to serve the devil in," and the open door of a prison is his last refuge. But, happily, we can point to our guest of this evening, whom we delight to honor, and say that he wears the mantle of benevolence and charity to serve the beneficent uses of humanity. The bestowal of charity by your Peabody, your Baron Hirsch, and many others noted in the world of philanthropy, and the dissemination of substantial good is very admirable in its way, and, no doubt, diffusive of vast and far-reaching benefit to suffering humanity. But these men gave of their superabundance. They breathed gold; they sweated gold; they swam in a Pactolian stream of gold. Monuments have been and are being erected to their memory, and the world will give them an apotheosis commemorative of their generous contributions to the needs of man. How is it with the physician? He may not be invested with such wordly goods as these. He may not be able to bestow great wealth, and leave it behind him in perpetuity for the continuous amelioration of his kind, and for lifting the burthen from shoulders bowed down by the galling yoke of poverty and want. No, but he gives more than these; the inestimable boon of his professional knowledge and skill, and extends the humanities and sympathies of his art to soothe pain and sorrow, and, if need be, smooth the pillow for the departing spirit, and make easy the way to eternity. When such a man dies, he needs no monument, no ambitious mausoleum, for he can say, "Exegi monumentum perennius aere"—I have built a monument more lasting than brass, a monument in the hearts and affections of my people.

Much has been said here to-night of the devotion of Dr. Guernsey's life to charitable work, and to the erection and maintenance of institutions for the sick and suffering, and many of them have been signalized, and have received their due meed of recognition and approval.

But my memory fails to recall that of them all, that one most worthy of admiration, and most conspicuously representative of the nobility of tender sympathy that characterizes Dr. Guernsey's nature, "The Guernsey Maternity," adjunct to the Hahnemann Hospital, had received its abundantly merited recognition, and was neglected when the tide of our love and respect was in full flow, and our hearts warmed by the genial glow elicited by the contemplation of his most excellent and honorable life. What does maternity signify? It means that most comprehensive word mater, mother. In her hour of travail and pain, woman most needs care and solicitude, and in view of the function of her maternity, becomes the most interesting object on earth. Here are willing hands held out to her, and kindly voices say: "Come in, come in, and all will be well." The projection of a human being into the world, endowed with all the capacities for independent existence, makes of woman the most important factor and instrument in the maintenance of the world. No wonder that the old "Garde Napoleonne" stood uncovered when a pregnant woman passed along.

And now "honor to whom honor is due," compels the recognition of other hands and other hearts in the work of this great humanity. "Matre pulchra, filia pulchrior—" daughter more beautiful than the beautiful mother. Beautiful in the persistent, and unintermitting devotion of their lives to the same purposes of the alleviation of human suffering, and the same bestowal of sweet charity that makes of father, mother and daughter a trinity for the dispensation of good that "knows no change nor shadow of turning." We now extend the loving cup to Dr. Guernsey for his acceptance; when he quaffs from it the bright drops that float and mingle in its depths, and that will warm the cockles of his dear old heart, he will remember this night. Let him remember, too, that they are the reflex of the red globules that float and run through "the gates and alleys" of our hearts and bodies, and that animate us with love and sympathy, and make of this an occasion ever to be cherished and never to be forgotten.

Now join me in a parting sentiment and in the words of an Anacreontic familiar to you all:

"Fill your glasses, fill them high. Drink, all your bumpers, drink them dry." To the long life, health and happiness of Egbert Guernsey. God bless him forever.

REMARKS OF DR. W. M. L. FISKE.

As the only one here representing the "Old Williamsburg," where our distinguished guest commenced his literary and professional career, and as my acquaintance with him extends away back for nearly forty years, when I was a brown-haired, beardless youth, I feel that I can hardly let this opportunity pass without giving my testimony as to all that has been said of him here to-night. In your introduction, Mr. Chairman, you speak of the "child-like faith" of Dr. Guernsey that has marked his long and useful life in his profession, and as I was also one of the worshippers at the feet of his preceptor, the immortal Valentine Mott, and as I have sat with bated breath and seen him with one bold stroke with his glistening scalpel cut down to the axillary artery, showing the confidence in himself, so has his pupil, Dr. Guernsey, shown that "child-like faith," born of profound knowledge of his subject—and to the younger men gathered here this evening, to do honor to him who has rounded out a full fifty years of incessant toil in and out of his chosen profession, I would say cultivate that same "child-like faith" which he has always shown—that whatever he considered right and just to carry out, whatever he considered the true course for him to pursue, no manner of opposition, no amount of vituperation, no mountains of discouragement, no valleys of despond, have ever swerved him one iota from his course, and for this I love and revere him, and for this I hold him up to you as a living example worthy of your every emulation.

The following letters were read:

BROOKLYN, April 30, 1896.

Dr. Alfred K. Hills, Chairman, etc.

DEAR DOCTOR: I have to regret my inability to be present on the interesting occasion of Dr. Guernsey's professional semi-centennial.

It is highly fitting to do honor to a man who is an honor to his calling. Dr. Guernsey has done much, apart from his profession, deserving of public recognition, while his services to the cause of medicine entitle him to exceptional consideration. If he has not made discoveries in the science and art of medicine, like a Hahnemann, or a Sims; if he has not invented new "cures" or new ways of applying old ones; if he has not discovered, with questionable utility, a new disease or a new microbe; if he has not written or compiled ponderous tomes to cumber the shelves of our libraries, or to find their way to second-hand book stores or the junk shop, like many of his distinguished confreres and contemporaries; or if he has not greatly added to the volume of knowledge from which the plodder draws his supply, he has done as well or better than the most distinguished among us who have done these things. He has stood bravely for the truth, leading a minority against error entrenched in high places; he has likewise been foremost in all good work, not only in medical reform, but in the care of the unfortunate and dependent, and of the sanitary well-being of the public. He has been pre-eminently open-minded and free from the bias of prejudice; generous and appreciative of other men's labors; receptive of new ideas and improved methods; alive to the newest and best thought of his day and generation, and has reflected it freely upon his fellow men. One can ill-afford lightly to esteem these high qualities.

No man of this last half century has done more to elevate and broaden the wing of the profession with which he has been identified than Egbert Guernsey. His entrance into the polemical arena of medicine was auspicious. The truths of Homeopathy had, indeed, been sown and had taken root, but they were being overrun and choked by a growth of noxious tares of error and misconception, needing a mind illumined and a purpose upright and resolute to deal with it. These high qualities Dr. Guernsey has brought to his task, with what result we all know. The profession is cleaner to-day, less partisan and self-seeking, broader-minded and altogether on a higher level, and medicine more rational and freer from isms and doctrinal absurdities, for the existence and labors of Egbert Guernsey. Let us hope that he may live long, and that increasing years may not dim his light nor belittle his influence.

Respectfully,
D. A. GORTON.

56 WEST FORTY-EIGHTH STREET, }
May 18, 1896. }

Dear Dr. Hills:

Your kind invitation was duly received. I start for St. Barbara, Lower Cal., to-day—"the land of sunshine and flowers"—for my summer vacation, and regret sincerely my inability to join others in a public expression of the love and appreciation which we all feel and cherish in private. We say: "Gladstone, the Grand Old Man," etc. We say, "Guernsey, the Grand Old Physician," of whom we are proud. In two notable occasions it has been my privilege to fight by his side. I refer to the Wards Island and Hahnemann Hospitals.

Here is to the health of the grand old doctor. May he live long to enjoy the honor of eminent distinction, honorably and honestly won.

Yours fraternally.

WM. HANDFORD WHITE.

The oldest physician in France, Dr. de Bossy, of Havre, celebrated, the other day, the 105th anniversary of his birth. Recently he has been confined to his room, for the first time in twenty-eight years. His father lived to be 108 years old, and the son says he expects to attain the same age. He is wonderfully well preserved, and is an entertaining companion.

KOLA IN COMBINATION WITH CEREAL PHOSPHATES.

By A. M. FERNANDEZ DE YBARRA, A. B., M. D.
NEW YORK.

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KOLA is to-day a fashionable remedy. Its undoubted therapeutic qualities are being praised beyond measure, and as a natural consequence the market is full of unscientific and purely commercial preparations bearing the name of Kola, but designed merely as candidates for popular use without any prescription or endorsement, or even knowledge of the physician.

As it is the case with all vegetable medicinal products, the country from which Kola is imported, the soil upon which it grows, the manner it is cultivated, the age of the plant, the season of the year the fruit is gathered, and the way it is packed for transportation, all these are circumstances which greatly modify its therapeutic virtues, and should be taken into consideration. Besides, substitutions and mystifications of different kinds frequently occur.

Recognizing that to the considerable percentage of caffeine contained in the true West African Kola-nut is owed its stimulating effect upon the heart, the nerve centers, and the nervous system in general, and wishing to make that effect more lasting by improving the nutrition of that all-important part of our organism, summoned to do extra work, I have employed Kola in combination with cereal phosphates in the proportion of five grains of the latter for each fluid ounce of a scientifically made cordial of the former, representing 120 grains of Kola seed, the regular dose of which is a teaspoonful, and obtained with it very encouraging results. Used in this way, *kola pushes the patient ahead and the cereal phosphates keep him there.*

But this combination has yet another advantage. The phosphates, which so greatly assist assimilation, and are essential to the formation of bone, blood, and nervous tissue, seem to prevent the natural depressive reaction following the increased action of the heart produced by Kola. And here lies what I believe to be a great future for the happy association of those two important therapeutic agents.

The phosphorized constituents of nervous tissue are found in large quantities in the urine, in the form of phosphates, whenever great mental labor is going on, and the loss thus sustained must be promptly replaced in order to preserve the necessary equilibrium in our economy. The same thing may be said after active muscular exercise. In both cases the cereal phosphates come just in time to put the whole system in its normal state.

The phosphates excreted in most fevers are augmented to a considerable extent, and, as a general rule, the alkaline phosphates increase and diminish at the same time as the sulphates, thus seeming to have their origin in the retrograde metamorphosis of the proteids.

An increase in the total phosphates eliminated by the urine is also observed in acute inflammatory diseases of the nerve structures. In the acme of cholera, in acute atrophy of the liver (Buchard), in diabetes (Lecorché), in the early stages of phthisis, in chronic rheumatism, leukaemia, rachitis, and osteomalacia they are likewise increased.

These references to the loss of the phosphorized constituents of nervous tissue are sufficient to prove beyond all doubt the *rationale* of using such important reconstructive agents as cereal phosphates in combination with kola. But, nevertheless, I append a few clinical observations which will enhance, more than anything I could add, the practical value of employing a general stimulating tonic with a powerful tissue builder.

DESCRIPTION OF KOLA.

The vegetable African products known among the natives with the varying names of *Kola*, *gourou*, *ombine*, *nangoné*, *kokkorokou*, *gonja*, *makasso*, *bichy*, etc., belong to different species of Sterculiaceæ, and are used by them as a masticatory, very much for the same purpose that we drink coffee and tea, and the natives of South America use coca, maté, and guarana. The general aspect of the true Kola tree, however, resembles that of the chestnut; it is from 30 to 60 feet high, having a cylindrical, straight stem with a grayish bark; the branches are pressed close together, being smooth, glossy, and hanging almost to the point of touching the ground; the leaves are oval, acuminate, alternate, from 7 to 8 centimeters in width and 12 to 20 in length, petiolate, coriaceous, and provided with very distinct nerves on the under surface; the flowers, which bloom twice a year, in June and November, are numerous, regular, without petal, polygamus, form panniculated cymes at their ends, have a light yellow color, and a faint odor of vanilla; the ovaries are five-lobed, five-celled, cohere together, each having a slender stigma, but no style; the fruit, which assumes a brownish-yellow color when ripe, is composed of two, sometimes more, separate pods or follicles, but always less than those of the cells of the ovary, and each of them is sessile, oblong, semi-ligneous, from 8 to 16 centimeters in length and 6 to 7 in width, split open on the inner side, and contain from five to ten oblong, subtetragonal seeds of a red or yellowish-white color, with testa somewhat purplish and cartilaginous, weighing from 75 grains to 1 ounce.

The natural habitat of *Kola accuminata* (*Sterculia acuminata*, *Palisot-Beauvois*), which is the therapeutically genuine tree, is on the western coast of Africa, between 10° N. Lat. and 5° S. Lat., and no further than about 500 miles toward the interior. It is now cultivated in the West Indies, principally Jamaica, in South America, Sidney, Ceylon, Calcutta, Cochin-China, the island of Mauritius, the Seychelles, Gabon, etc. It requires a moist, warm soil, not too far from the sea coast, and does not grow at an elevation of over 1,500 feet above the sea level. It commences to yield fruit about the fourth year, and is

at its best about the tenth year. There are two collections of the fruit during a year, a tree averaging about 120 pounds of nuts annually, the seeds of which are the only part so far employed in medicine. The French call it *café du Soudan*.

The celebrated botanist Palisot-Beauvois, Dr. W. F. Daniell, Thomas Christy in his "New Commercial Plants and Drugs" (London, 1885), Heckel and Schlagdenhauffen, Professors Dujardin-Beaumetz and Germain See, G. Le Bon, and particularly Dr. Bernhard Schuchardt, in his recent exhaustive work entitled "Die Kola Nuss in ihrer kommerciellen, kulturgeschichtlichen und medicinischen Bedeutung" (1892), and F. Flückiger in his "History of Kola" (1894) have given extremely interesting, historical, and scientific accounts of the Kola nut and its uses, and I refer the reader to them as perfectly reliable sources of information about the subject, as so much has been, and is now being written in relation to Kola that is absolutely worthless.

Regarding the great esteem and even superstitious veneration with which the negro tribes of equatorial Africa hold their guru-nut, be it sufficient for me to state here that the seeds of this nut have from time immemorial (the Portuguese traveler, López Duarte, wrote about them as early as 1590) been held in the interior of Africa as worth their weight in gold dust for their virtue to appease hunger when masticated, to dispel the insipid taste of stagnated water, which sometimes they are obliged to drink in their trampings in the jungles, their general stimulating power, by means of which the body acquires a high degree of strength and considerable endurance, and also for their exhilarating and aphrodisiac properties.

CHEMICAL COMPOSITION OF KOLA.

Daniell and Attfield, in England, Heckel and Schlagdenhauffen, in France, and Schuchardt and Flückiger, in Germany, have made very careful studies of the chemical composition of the true Kola nut, though their analyses do not agree in every particular, owing, most likely, as I stated in the introductory remarks, to differences in the soils upon which the samples tested grew, the age of the trees, the manner of packing the nuts, and the time elapsed since their gathering in the fields. Starch, very similar in character to potato starch, constitutes 33.75 per cent of Kola seed; caffeine, 2.35; kolanin, 1.29; theobromine, 0.023; tannin, 1.60; gum, 3.04; glucose, 2.87; coloring matter, 2.56; water, 11.92; fatty substances, fixed salts, proteid matters, cellulose, and ashes, the rest.

Compared with coffee, cacao, and tea, Kola seed is the richest in proteid matters and hydrocarbons; in fatty substances, cacao holds the first rank, but Kola seed possesses the greatest quantity of caffeine, and, therefore, therapeutically considered, it is unquestionably superior to all the other three substances.

PHYSIOLOGICAL ACTION OF KOLA.

Putting aside the exaggerated and religious fervor with which certain African tribes cherish the Kola nut for its many virtues, the truth of the

matter is that the large percentage of caffeine it contains places it in the category of *an excellent stimulant of the cerebro-spinal system*. Küss and Mathias Duval say that substances containing large quantities of caffeine favor the transformation of heat into force, and this is, in reality, one of the principal pharmaco-dynamic effects of the Kola nut.

The action produced by it in the circulatory system is somewhat similar to that of digitalis; that is to say, it increases the energy of the contractions of the heart, and diminishes at the same time their number, thus regulating the pulse; or, in more simple words, *it is a true cardiac tonic*. This important property of Kola has been experimentally confirmed by Gubler, Braker-Widge, Lépine, Huchard, Dujardin-Beaumetz, etc. Leven and Monnet injected in the femoral vein of a dog 10 cubic centimeters of an infusion of 20 grammes of Kola seed in 20 grammes of water, and obtained sphygmographic tracings showing an increase of the vascular pressure. The experiments made with cold-blooded animals gave also the same result. This augmentation of arterial tension proves that the heart retarded the frequency of its contractions, in obedience to the well-known law established by Marey that *the heart beats just as often as it is less easy for it to empty itself*, and thus proving its natural tendency to perform its work with uniformity.

In excessively large doses Kola nut diminishes muscular excitability, but in moderate ones it increases this power of contraction, especially of the muscular fibers of inorganic life, and may therefore be considered a *revivifying agent of the non-striated muscles*.

Its *diuretic effects* are very marked, and the reason of it appears evident when we remember that all diuretics produce their physiological effect either by increasing the energy of the heart's action, and thereby the vascular pressure, or by acting as a stimulus to contraction on very small arteries, and thus diminishing their natural caliber.

The bitter, aromatic, and mildly astringent taste of Kola seed, when masticated, renders it a *good carminative and stomachic tonic*, of great value in anorexia and merely functional indigestion, called by some atonic dyspepsia, by regulating the digestive functions from their commencement. Some authors go so far as to assert that it is an excellent remedy for sea-sickness.

When we reflect on the frequent presence of sarcinae in the stomach, in connection with the above good results, and the assertion made by several travelers in equatorial Africa, that the natives render the decaying flesh of fowl eatable by immersion during twenty-four hours in a decoction of broken-up Kola seeds, the *antiflaccidative power of Kola* must also be taken into consideration. I, for one, know that in the island of Cuba the "güajiros" or backwoodsmen, make use of a wild seed for purifying marshy water (the same property being attributed to Kola seed by Heckel and Schlagdenhauffen), and I myself, at their suggestion, have placed the putrescent and stinking liver of a hen into an

earthenware bowl with cold water, and a few of those seeds, slightly bruised, and seen the liver the next day with all the appearances of being perfectly fresh.

Based upon this rough popular experiment, those seeds are very much employed in the interior of my native country as a decoction or tea, and apparently with excellent results, in all affections of the liver, particularly the ones peculiar to hot climates. Unfortunately, I do not remember at this moment the name of those wild seeds, or anything more about them, but the facts stated above corroborate by analogy what it is said of the good results obtained with Kola seed in certain hepatic diseases.

Owing to the tannin it contains, Kola is a *positive astringent* which can be advantageously employed in all forms of diarrhoea, especially the bilious and mucus varieties, and also in sporadic cholera. The negroes of Western Africa themselves consider it a prophylactic against dysentery.

On account of its fatty constituents, its large quantity of starch, and its glucose, *it is a nutritive agent*, but not so valuable in that respect as commonly believed, and hence one of my reasons for associating Kola with cereal phosphates.

It also possesses *thermogenous property*, and it is, perhaps, due to this action that we must look for an explanation of the diminution of tissue waste that Kola nut is generally considered to exert.

Its *aphrodisiac property* is attributed by some observers to a peculiar glucoside called *kolanin*, and others believe it to be due to some phosphorized compound; but I think that if Kola exert any such action, the explanation is rather to be found in its decided stimulating effect upon the nerve centers.

A few investigators claim for it a *remarkable antagonistic action on the bad effects of alcohol upon the cerebrum and the cerebellum*, as observed by them when employed in cases of confirmed dipsomania, by restoring the shattered condition of the nervous system and the disturbed power of co-ordination. This cheering physiological action of Kola, though not yet sufficiently proved, reminds me of the brightening up and exhilarating effect of cannabis indica, and, in my humble opinion, may perhaps explain the remedial property of Kola seed in the group of symptoms collectively designated as neurasthenia.

PHYSIOLOGICAL ACTION OF CEREAL PHOSPHATES.

The phosphates have justly occupied an important position in therapeutics during these last few years. I shall give an extended resumé of their action in nutrition, and the good results they thus accomplish; but my principal aim shall be to show their valuable aid in preventing any depressive reaction that may follow the administration of Kola, or, more correctly speaking, in enhancing and making more lasting the good effects of that valuable drug.

The phosphates are distributed in the human organism to such large extent that, after water,

they occupy the first rank. Iron phosphate is especially to be found in the blood, the lymph, and the milk; sodium phosphate in the plasmatic element of those liquids; potassium phosphate in the nervous tissue; magnesium phosphate in the muscular tissue; and calcium phosphate in the bones. The blood contains also the other four phosphates, besides that of iron.

The cereal phosphates are not only important constituents of the human organism, but they are, at the same time, necessary alimentary substances. Foods deprived of phosphates fail to support nutrition. If an animal is subjected to a diet completely devoid of phosphates, he will very soon waste away and die with all the signs of inanition. Even a plant that may germinate and develop in a soil deprived of phosphates, will not produce seeds.

Phosphated nutriment is just as indispensable to the organized being as is the nitrogenized aliment. Phosphates have, both as organic principles and alimentary principles, an equal importance to the nitrogenized elements, and the value of the different kinds of foods depends just as much on the amount of phosphorus compounds they contain as on that of nitrogen compounds.

Hensing discovered in 1715 the presence of phosphorus in the brain, and this constituted, perhaps, the first known fact relative to its composition. The phosphorized substance, called by Liebreich *protagon* (although other chemists deny the existence of such a body), must to-day be considered as one of the chief constituents, and may be the only constituent, according to Braumstark, of the white substance of the brain. Phosphorus and its combinations, therefore, play an important part in the animal economy, and due to this scientific truth phosphoric acid and the phosphates are being more thoroughly studied.

Dr. Paquelin, of Paris, in his "Biological Studies," has proved that nutritive, muscular, and intellectual activity—the three manifestations of the living being—are in direct relation to the amount of phosphates accumulated in the organism. When the equilibrium is altered, owing to diseased conditions, or to an excess or diminution of work in any of those three manifestations of life, we have to supply the deficiency of phosphates in some way, and for this purpose cereals are the richest and safest source of provision.

As living beings, both from the animal and the vegetable kingdoms, can neither produce new matter nor new force, in conformity with the great law of the conservation of force and matter, plants and animals only appropriate and assimilate already existing material which they transform into new forms of force. Aliments rich in phosphates, having the property to give increased activity to the organic functions, act as stimulating agents in the organism. In putting to the test, for that reason, a highly concentrated and extremely agreeable liquid food, as I have used in my clinical observations, in which the cereal phosphates are combined with such a vegetable product as Kola nut, acknowledged to be a general stimulating tonic, it will be found that the two work

harmoniously together in the system, mutually helping each other in their action.

Dr. Kotliar (Vratch, No. 19, 1891), wishing to elucidate the action of Kola in increasing the power of the body to undergo a severe strain of work, made a series of observations in Prof. Manassein's clinic, in St. Petersburg, on the alteration of the chemical processes of the body when under the action of that drug. The quantity of powdered Kola nut taken per diem by each of the seven healthy young men, aged from eighteen to twenty-six, on whom the observations were made, was a drachm. From careful analysis of the food and excreta, it was found that Kola increased the assimilation of phosphorus, and diminished the nitrogenous metamorphosis, both during rest and muscular work. In other words, Kola appears to constitute what Dujardin-Beaumetz called *aliment d'épargne*, and Mantegazza *aliment nerveux*. Cereal phosphates having the undoubted property, like all phosphates, of greatly improving the nutrition of the whole cerebro-spinal nervous system, to which Kola furnishes such an excellent food, their reciprocal actions and individual potencies serve an admirable therapeutic purpose in nervous affections of a debilitant nature, and in certain cachexias, when acting together in a pharmaceutical preparation such as I have employed.

Kola in combination with cereal phosphates produce also good results in disturbances due to want of proper sanguineous irrigation of the cerebro-spinal centers, by rallying the vaso-motor system. This is accomplished by the improvement of the mechanical work of the heart that Kola accomplishes, and the nutritive strength given to the vaso-motor nerves by the phosphates.

In nervous derangements due to digestive disorders, and contrariwise, in digestive derangements due to nervous disorder, the combination of Kola with cereal phosphates produces most satisfactory results. The characteristic toning effect of the one upon the nervous centers, and the nutritive and reconstructive properties of the other, favor organic restitution.

Diuresis being increased by Kola, in consequence of its action upon arterial tension, it implies a corresponding augmentation of the removal of tissue waste from the organism, leaving the formation of blood, nervous texture, muscle, and bone in a condition below par. The cereal phosphates come to the rescue in the up-building process.

So intimate and harmonious is the therapeutic effect of Kola in combination with cereal phosphates, that each enhances the value of the other; the latter acting particularly very much as the rear guard of an army—this advances and does most of the fight, while the rear guard supports it, and helps it to retain its position. A friend of mine has happily expressed the same idea by saying that Kola pushes the patient ahead, and cereal phosphates keep him there.

CLINICAL OBSERVATIONS.

I have given a fair trial to the combination of Kola with cereal phosphates, in the form of an

agreeable cordial called Kola-Cardinette, representing 120 grains of the seed and 5 grains of the phosphates in each fluid ounce, the usual dose of which was a teaspoonful dissolved in half a wine-glassful of cold water, and obtained with it very gratifying results. I select a few cases:

1.—Mr. T. Q., forty-three years of age, a native of Cuba, a barber by occupation, had been suffering more or less for nearly two years with palpitation of the heart on slight exertion, dull pain over the cardiac region, dyspnea, inability to breathe when lying down in bed on his back, and bronchial catarrh, evidence of fluid in the left side of the chest, increased area of cardiac dullness, displacement of the apex, a friction sound, bulging of the left intercostal spaces, and the feet swollen; there was no fever, no headache, no trouble with the digestion, and, in fact, outside of the signs above noted, he apparently was in good health. I first thought that it was a case of chronic pleurisy, but not being able to hear the pericardial friction sound posteriorly, and noticing that the bulging of the intercostal spaces was circumscribed to the upper part of the chest, in the region of the heart, together with my ability to distinctly hear the breath-sound both anteriorly and posteriorly over the lower portion of the lung, I concluded that it was a case of chronic pericarditis.

I ordered rest, ferruginous tonic in the form of pills, and instead of the infusion of digitalis one teaspoonful four times a day of the Kola cordial with cereal phosphates. In a week there was a marked improvement in the general appearance of the patient, the area of cardiac dullness was diminished, the cough had almost vanished, and the voice was clear and stronger; at the end of three weeks almost all signs of dropsy of the feet had disappeared, the patient could sleep more comfortable and do his daily work without suffering any palpitation of the heart, and had gained five pounds in bodily weight. There was still evidence of fluid in the pericardium, but reduced in quantity to less than one-half.

2.—Mrs. M. L., German-American lady, thirty-three years of age, widow without children, lymphatic temperament, inclined to melancholy, many years suffered from constipation and attacks of neuralgia; upon several occasions, also, she had rheumatic muscular pains, complained greatly of frequent nervous dyspepsia, pain in the back, heaviness in the loins and limbs, tenderness of the scalp and spine, and sudden flushes of heat on the face. There is an undoubtedly impoverishment of nervous force, accompanied by special idiosyncrasies in regard to food, medicine, household arrangements, etc., and mental worry on account of supposed financial troubles. I made the diagnosis of nervous exhaustion of purely functional character, or neurasthenia, called by some authors "nervous debility," "spinal irritation," "nervous asthenia," etc.

I ordered an appropriate diet, with as little of sugar and starchy substances as possible, daily exercise in the open air, avoidance of novel and sensational reading, plenty of sleep, a laxative every few days, a Russian bath every week, and a

teaspoonful of Kola Cardinette in half a wine-glassful of water before each meal. Two months later, when I saw her again, she said that she "was feeling entirely like another person," and looked upon the world in a more cheerful light than she had for many years.

3.—An unmarried gentleman, thirty-eight years of age, healthy, strong constitution, regular habits, highly educated, a writer by profession, consulted me for an irregular and chronic diarrhoea he suffered, of entirely nervous character, and at times so sudden and painful was the seizure that he was forced to run quick to empty his bowels. He had been treated by several physicians for that most treacherous complaint without any marked benefit, the great difficulty in curing such a malady being its unexpected appearance and undiscoverable cause. Those physicians generally called it indigestion of some kind, but the patient believed (and I agreed with him) that it was more probably due to some connection with the nervous system than to errors of diet, because he had noticed that after excessive mental work he was more liable to it, and also as the result of a sudden chilling of the surface of the body. Suspecting some idiosyncrasy or hereditary predisposition, I asked him if he knew that any of his brothers or sisters suffered with the same malady, and learned that all (one brother and two sisters) are subject to it also. My diagnosis was at once made—hereditary nervous diarrhoea.

It certainly was caused by depressed nervous function, due to its inherited weakness, and the best way to treat it was, no doubt, to strengthen the whole cerebro-spinal system, though, of course, I could hardly expect a complete and permanent cure. I prescribed the Kola Cardinette in teaspoonful doses before each meal, and 10 drops of the tincture of nux vomica one hour after two of the meals. It is now three months since the patient began this treatment, and in all that time not even once has he suffered any attack, though at present he is engaged in a very laborious mental work. I advised him to continue the treatment for three months longer.

4.—I made use of the cordial of Kola in combination with cereal phosphates as a reconstituent tonic in the period of convalescence of a case of typhoid fever, and obtained peculiarly happy results. It prevented certain complications which are very liable to arise at that period of the disease, such as a return of the fever, either transitory or somewhat protracted, parotitis, and laryngeal ulceration.

5.—I also made a trial of Kola Cardinette in a case of general run-down constitution due to pregnancy. It was a South American lady, twenty years of age, of very nervous temperament, married only six months, and then in her fifth month of pregnancy, who suffered severely for two months previously with vomiting and loss of appetite, headache, and could not sleep well; she got very pale, lost considerable flesh, and felt weak, and short of breath. The great and natural loss of the assimilable phosphates in her organism, due to the necessities of the develop-

ment of the embryo in utero, suggested at once to my mind the administration of a pleasant and agreeable preparation holding those important bone and nerve constituents in combination, with the general tonic and strengthening properties of Kola nut. Under the influence of this cordial in twice the amount of the usual dose, she gained flesh and strength rapidly, the appetite returned, the headache disappeared, and the sleep was long and sound. At full term she was delivered of a strong, healthy boy weighing ten pounds.

6.—Miss D. C., an American young lady from the South, eighteen years of age, slender built, nervous temperament, very fond of her studies, and brought up in great luxury and refinement, but, being the only child of rich and excessively loving parents, was kept too much indoors for fear she would make undesirable acquaintances or get suddenly sick and die. When I saw her she was suffering an inveterate anorexia, general paleness of skin and mucous membranes, lassitude, impaired digestion, a sense of fatigue out of proportion to the labor performed, either mental or physical, palpitation of the heart, and a murmur over its base, surface temperature below normal, and constipation. In a word, she was a typical case of chronic anaemia.

After ordering a complete change in her mode of living, good hygiene, and strong liquid diet, outdoor exercise and sea bathing, I prescribed Kola Cardinette in two teaspoonful doses, three times a day. In a few weeks the paleness of her skin had given way to a rosy color, she was active and cheerful, the cardiac murmur had vanished, the gastro-intestinal catarrh passed away, and her slender form began to look a little more full and round.

7.—In consequence of an attack of acute rheumatism, Mr. I. C., a middle-aged gentleman, was suffering from valvular disease of the heart and all the symptoms that that affection carries with it. Under the use of Kola Cardinette, the heart was better able to empty itself by the increased force of its contractions, the flow of blood and consequent irrigation of the tissues improved, the elimination of tissue waste brought out of the system with the greater amount of urine excreted was more easily accomplished, he could eat, digest, and sleep better, and, in fact, although I cannot by any means say that he was cured, his life was certainly prolonged and his existence was made more bearable. This is all that can be said in favor of digitalis or of any other cardiac tonic.

SOME EARLY EXPERIMENTS IN SERO-THERAPY.

BY JAMES ROBIE WOOD, M.D., NEW YORK.

(Continued.)

THE methods and suggestions of procedures for preparing isopathic serum other than that of carrying morbid matter through living animals, as in my experiments during 1875, will require more time than I can possibly afford now. So an

account of my clinical cases only will be recorded in this number. During those days of uncertainty as to the next experimental step to be taken, I was called to a case which somewhat changed the direction of my thoughts. It was that of a woman who was in the most abject misery from extreme poverty and the intense agony of an extensive cancerous ulceration affecting both breasts.

On account of its malignant character it seemed well adapted for making cancer serum for future experimental purposes. Therefore I carefully gathered material from both breasts on absorbent cotton and powdered charcoal, and prepared it by a process which will be given in detail in the closing paper of this series.

It had undergone the chemical changes, by which it was hoped to rid the material of its more dangerous properties, for nearly three years before I dared to make the first application to a human being.

Many doubtful cases had been under my observation, but in none of these did I dare to risk the use of the serum.

Some of these had already sought the advice of surgeons distinguished for their skill and good judgment. Although unwilling to pronounce some of these tumors malignant, yet without exception they had urged immediate removal.

At length two cases came to my office suffering from tumors of the breast undoubtedly malignant. One of these, within three days after the first application of the serum was made, entered a hospital, where the growth was removed, and two days later she died.

The second patient had suffered a long time from a painful tumor of her right breast before the destructive process had begun. At the time of her visit a deep and wide ulceration had resulted. A weak solution of the serum, representing about $\frac{1}{1000}$, was made, and she was directed to pack every part of the cavity carefully with absorbent cotton saturated with the fluid, this to be repeated twice a day. In mixing the solution for external application no care was taken to separate the debris of the substances with which the serum had been prepared. But that for hypodermic use was more carefully purified.

As the patient absolutely refused to permit the sub-cutaneous injection, the external application had to be depended on alone. Fifteen days after this first serum dressing the breast exhibited marked symptoms of improvement. The area of the ulcerated surface had diminished.

Within two months the opening had entirely healed, and the patient's general condition was better. After this it was impossible to induce her to remain under observation, or to submit to further treatment, which I was anxious to continue, fearing the possibility of her favorable symptoms being only a lull in the progress of the disease.

Within three years after the healing of her breast she returned to my medical care. The breast itself was apparently in good condition, but there was considerable dullness and other suspicious symptoms in the lung of the affected side. Again she refused all hypodermic medication.

Soon after this a serious pneumonia developed in the lung of the opposite side. In the right lung there were evident symptoms of progressive malignant disease.

She finally died from exhaustion, some time after the acute inflammation of the left lung had ceased.

The relief in this woman's cases was surely as good, if not better, than that afforded by surgical operations for removal of *really malignant tumors*, but this improvement without permanent benefit was unsatisfactory to me, so I sought other cases for extensive trials, and more thorough application of the serum. In my next, the closing article, I have but little more than disappointments to offer, but from these I hope to be able to deduce some valuable lessons.

AN ANATOMICAL THEORY OF SOCIETY.

BY J. A. CARMICHAEL, M. D., NEW YORK.

IT is a matter of public notoriety, that there are two opposing schools of sociology, the naturalistic school founded by Auguste Comte, who assimilates society to an organism, and the idealistic or rationalistic school, which dates from Rousseau and Kant, and admits no other reality than that of the individual. The first has flourished prominently, but one is forced to acknowledge that it seems to be on the decline. Its great promoter, Herbert Spencer, has nearly abandoned it through fear of the political consequences which it involves. "Let us leave, says he, this pretended analogy between individual and social organization. I have used these analogies, so laboriously obtained, but only as a scaffolding whereby to construct a body coherent with sociological inductions." M. Bougle-Jean Breton tells us that the latest German sociologists consider the organic theory as "altogether incompetent."

In France it is not accepted by M. Letourneau nor by M. Tarde, M. Renouvier, nor even by M. Fouillée, who transforms it into a theory of "organisme contractuel." A short time ago a candidate for the doctorate, M. René Worms, surprised his audience at the Sorbonne of Paris by his support of the following startling doctrine. From an anatomical point of view, society, according to M. Worms, is composed of cells, which are the individuals, and which form groups analogous to organs and tissues. Corporations, for example, are the social tissues; the intellectual constitute the nervous system of society, its muscles are the manual laborers. It has an eliminating apparatus which serves it, as do the kidneys and sudoriparous glands, to expel individuals that are hurtful to its integrity. We may consider that this apparatus is represented by the police, by tribunals or courts and the prisons with their belongings. The rich constitute the adipose tissue, which disappears in the revolutions that often blot out their existence. Every tissue may become adipose, and thus the privileged classes are affected with a fatty degeneracy. Society nourishes itself, and it has a circulatory

system, of which the money market is the regulating heart, merchants are the globules, business operations are the vessels and bankers, the vaso-motor nerves. It may be said that the iron railway is prolonged by the telegraphic wire, as is the blood vessel by the nervous fillet. Tariffs are nothing more than ligatures put upon the vessels to cause the blood to flow back upon the places that need them. Societies are reproduced by scission, colonization or by union or conquest, the conqueror being the male and the conquered representing the female element. They are subject to disease, which is war, with its wounds and suffering, and may die. They should be cared for and a specific Allopathic medication should be applied. Karl Marx and the "collectivists" are the Homoeopathic representatives." It seems not an inapt illustration to compare the varieties and ramifications of social life with the multiple elements that unite in making up and perfecting the organic human body. It therefore might be a curious and interesting study to view them from the standpoint assumed by M. Worms in his lecture at the Sorbonne of Paris, with a little more of detail, by which the assimilation might be more definitely indicated and comparison more clearly defined. Beginning with the cells of M. Worms, as representing the individual constituents of society, and remembering that the fundamental principle of life is embodied in the cell, and recalling also the apothegm of Virchow, "Omnis cellula e cellula," which is but the more modern and more scientific interpretation of the old "Omne vivum ex ovo," it will not be inconsistent with the varieties of social life, nor with the revelations of science, to consider an individual in his relations to society as a representative of a cell endowed with vitality, and therefore an integral element in its organic structure. Again, as we know from the teachings of cellulology that one cell differs from another in its construction and its procreative power, whereby the various structures of the human body are created, formed and perfected, so may the varieties and peculiarities of human individuality in social life be estimated as the natural result of the operations, physical, mental and moral, of the cell of which he is the product.

As the cells of organic life form organs and tissues, so in social life the social cell, so to speak, as represented by an individual, assists in forming groups analogous to organs and tissues, or corporations resulting from the aggregation of individual social cells. As the cells of organic life differ in physical character, in procreative power and in functional operations, so the individual social cell partakes of the same differential characteristics, and the groups or corporations resulting from social cell aggregation represent the phases and varieties that we see in the construction and manifestation of the properties and peculiarities of the social system. Again, the intellectual portions of the social system have their prototypic analogies in the nervous system of the body, and the argument holds good in this direction also. In organic life we know from

anatomy, physiology and cellulology that the manifestations of life in this department of our being are due to the functional operations of the highest and most exquisitely endowed of the cell structures of the body, the emanations from which constitute the mental, moral and emotional powers that we call the mind. The intellect and the senses that elevate and purify on the one hand, or on the other, the passions, the lusts and all the grosser attributes that degrade and defile.

The next phase in the construction of the argument of M. Worms is as to the analogy between the motor powers of the body and that element of the social organization represented by manual laborers or "hewers of wood and drawers of water." But in the effort to establish this analogy it should not be forgotten that these motor powers are also of nervous origin, or to speak with more physiological accuracy, that the motor agencies of the body are to be regarded as the submissive instruments of the commanding and irresistible nerve force that "subdues all things unto itself," and, though holding a comparatively degraded position in the functional properties of the organism, they—the motor agencies—should be considered in view of their indispensable importance in the economics of the body, and the part they play in the perfection of the whole. The predominating influences of the intellectual and other nerve forces upon these inferior agencies find their social analogue in the overshadowing powers exercised by intellectual and social pre-eminence over the humbler occupations and interests of life.

So then the suggestion made by M. Worms, and the analogy he seeks to establish in this portion of his argument are well taken, and materially help in its construction. Next, as to the eliminating forces of the body as represented by the kidneys and the sudoriparous glands, to which M. Worms might have added the whole system of secretion and excretion. The parallel drawn here in the existence and maintenance of tribunals or courts of justice, the police, and the other elements of the machinery for the dispensation of law and the carrying out of its behests, is apt and of attractive ingenuity. It might have been extended to the illustration of the analogy between the elimination by these agencies of the physical body of effete and hurtful excretions, and the too frequent necessity that occurs in the body politic for the elimination of the same hurtful excretions among the manipulators of this very machinery for the dispensation of law, and the prosecution of its behests. It's more than probable that if M. Worms lived in New York, and had drawn his analogies from contemporaneous history—social, legal and political—he would have had other curious experiences and analogies to tack on to his argument. Again, he says: "The rich constitute the adipose tissue, which disappears in the revolutions that often blot out their existence. Every tissue may become adipose, and thus the 'privileged classes' are affected with fatty degeneracy." This is the most pregnant item in the argument of analogy, and to do anything like justice to its truthfulness and its

portrayal of the affinity of the adipose tissues of the body and the social organization would carry us too far afield, and beyond the limits of editorial privilege. It would be seen at a glance that it would involve the consideration of the influences exercised upon the construction of the social system by the so-called privileged classes, who wax fat, even to degeneracy, and control society by the overbearing tyranny and insolence of possession, and the moral obesity of the "proud man's contumely." The disappearance of this form of social adipose tissue by "the revolutions that often blot out their existence" is a clever definition, by M. Worms, of the instability and often illusive unsubstantiality of wealth, speedily gained and as speedily lost. Unhappily in these conditions it often happens that there is a fearful melting and dissolving of the moral man by these same "revolutions," a moral adipose emaciation that leaves bare the skin and bones of reputation and good name, a ghostly simulacrum of social adiposity, a shadowy outline of what once represented "the privileged classes."

Another form in which adipose social wealth makes its manifestations, may be seen in the antagonism between capital and labor, and by which the overthrow of the whole social fabric may be threatened and social bonds disrupted. Indeed, in these days of socialism and social antagonism, the whole social problem is involved in this feature of the argument of analogy. "Society nourishes itself, and it has a circulatory system, of which the money market is the regulating heart, business operations are the vessels, merchants are the blood globules, and bankers the vaso-motor nerves." In this analogy, M. Worms embodies the whole curriculum of the operations in the money marts of the world, money being the central organ, the heart of the body financial, whose propulsive energies are devoted to social nutrition, the circulatory system of vessels, like those of the physical body, representing the ramifications, windings, twistings and turnings and the intricacies, evasions and duplicities of business methods, the omissions of right and the commissions of wrong. The likening of bankers to the vaso-motor nerves is a sharp and incisive parallelism of that mysterious and subtle force in the ganglionic agencies of the sympathetic system which propels the globules—merchants—by their business operations, along the vessels, the avenues of trade, and thus is the round of financial circulation maintained and the analogy completed. "Tariffs are nothing more than ligatures put upon the vessels to cause the blood to flow back upon the places that need it."

In this item of his socio-anatomical disquisition we might here, in this country, be able, perhaps, to furnish M. Worms with another solution of the effects of the application of his ligatures upon the socio-anatomical body than that adopted by him. In one respect the analogy holds good, and the tariff ligature supplies a need here too, but it is a political need. So we'll shift the application of M. Worms' tariff ligature from the blood vessel to another part of the socio-ana-

tomical system, the oesophagus, and substitute for the ligature a funnel or probang with which to cram and gorge the greedy and insatiate maw of a political party, and keep it glutted with political pap and immersed breast-high in the crib of political plunder. No more appropriate time could be selected for the illustration of this item of M. Worms' socio-anatomical analogy than that which obtains at the present period of the political history of this country. We are upon the eve of a Presidential election, and even now the political cauldron is being made ready to be filled with protection and anti-protection, silverism and anti-silverism, populism, socialism, occultism, atheism, spiritualism and all the other polymorphous elements of political hate, rancour and strife, and we know of no form of language that will more fitly describe the vile compound of political bitterness and venom than the crooning incantation of Witch Hecate and her weird sisters:

" Fillet of a fenny snake
 In the cauldron boil and bake,
 Eye of newt and toe of frog,
 Wool of bat and tongue of dog,
 Adder's fork, and blind-worm's sting,
 Liza'd's leg and owlet's wing,
 For a charm of powerful trouble,
 Like a hell-broth boil and bubble,
 Double, double, toil and trouble,
 Fire burn and cauldron bubble."

For the analogy from anatomy we can think of nothing more appropriate than the frothing, foaming throes of hydrophobia or tetanus, or the racking spasms of reflex uterine eclampsia. "Societies are reproduced by scission, colonization, or by union or conquest, the conqueror being the male, and the conquered representing the female element. They are subject to disease, which is war, with its wounds and suffering, and may die."

This suggestion of M. Worms is susceptible of more than one interpretation, and we must endeavor to find the anatomical analogy that will adapt itself to them.

By one interpretation, the reproduction of society by scission, is accomplished by means of the constant infusion of heteromorphous elements that permeate it to its minutest ramifications. As time advances, and the world grows older, the vagaries of the human mind, and the irresistible tendencies to change, and to the introduction of heretical and revolutionary doctrines—the more heretical, revolutionary and bizarre the better—into the natural and reasonable order of things, but serve to unhinge the public mind, to implant new articles of faith, or to uproot whatever of faith there may have been, and leave none at all, in God, man or the devil, and thus sow the seeds of dissension and strife, the harvest of which is the prostitution of public morality, and the contamination of social life, until it represents a veritable tower of Babel, clamorous with polyglot vice, dressed up in alluring form, and defiant of the more decent public opinion. All this comes under the head of what M. Worms appropriately calls "social disease and war, with its sufferings and its wounds, from which it may die."

THE MENTAL ELEMENT IN THERAPEUTICS.

In drawing attention to Dr. T. S. Clouston's recent address before the Royal Medical Society of Edinburgh, the *Boston Medical and Surgical Journal* has some judicious remarks on the above topic. "It is not our purpose," the editor premises, "to attempt a defense of hypnotism. Sober experience of the future may show that the inducing of deep sleep is not practically useful for the relief of morbid conditions; much recent investigation would seem to point in this direction, but what the scientific study of hypnotism has done—and this is its notable service—is to establish a principle of mental treatment on rational grounds. Looking at the matter broadly, we must regard the general movement, which began with the active study of hypnotic phenomena, as one of the most significant in the history of modern medical advance. Its consequences we are now beginning clearly to see in the intelligent application of so-called 'suggestion' to varied morbid conditions, not 'as a last resort.' Still, the average physician remains apathetic; his chief interest centers in the physical manifestations of the disease with which he is dealing, and consequently with physical measures for its relief. He is not apt to regard as of essential importance the patient's mental attitude toward his disease, and to work systematically for its relief through purely psychical means. An absolutely clear recognition of the interdependence of physical and mental in our organization remains, for the most part, unattained. * *

" Could our teaching be such that every physician on beginning practice were equipped with an adequate knowledge of the entire organism, with which he will be called upon to deal, the just reproach of the neglect of systematic mental therapeutics would quickly be laid aside. At present our medical curriculum is unquestionably one-sided in the stress it lays upon physical therapeutics and the slight it imposes upon mental therapeutics. Such an article as this of Clouston's should, at least, do something towards bringing home to us the importance of a complete therapeutic system.

" In conclusion we cannot resist quoting a paragraph in full, which admirably expresses the common attitude toward the entire subject, and especially the curious distortion which the word 'scientific' has suffered in the popular mind:

" If some people want to imply that a patient's symptoms are unimportant they call them 'nervous'; if they want to ticket them as unworthy of consideration altogether they call them 'mental,' and if they want to brand them as quite absurd and out of the pale of human sympathy or medical effort they call them 'hysterical.' One would imagine from these things that the phenomena of sensation, normal and abnormal, and those of consciousness, feeling, judging, willing and memory and their disturbances through cortical disease, were not comprehended in true scientific work at all, and that mind generally and nervous influence might be left out of account by the physician. A man breaks his leg, and it is said to be put up on 'scientific principles.' He loses his memory, his energy of will, his social instincts, and in the diagnosis and treatment of his disease the word 'scientific' is exchanged for terms which are often vague and meaningless. The mental attitude of the physician is often changed somehow when he is treating his patient's indigestion and constipation, as compared to that with which he considers and treats the mental pain that accompanied and, perhaps caused the indigestion. The indigestion took its real origin, it may be, in a disturbance of the action of the mind and brain cortex, but the stomach only is thought of or treated by peptones, acids or laxatives, and this is called 'scientific treatment.' We do not need to hypnotize a patient to show that the mental centers in the cortex have the power of directly influencing physiological function and tissue nutrition."

G. L. F.

The *Revue Medicale*, of Paris, France, which was bimonthly, has become weekly, under the editorship of Dr. Paul Archambaud. It is one of our most esteemed exchanges.

The New York Medical Times

A MONTHLY JOURNAL

or

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REMOVAL.

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Changes of standing advertisements and communications in regard to that department, should be addressed to BENJ. LILLARD, Advertising Manager, 19 Liberty St., N.Y.

CO-EDUCATION.

THE co-education of the sexes in the higher branches of science, especially preparatory to a professional career, has been so successful in Cornell and other institutions where the experiment has been tried, as to be rapidly gaining in public favor. If the sexes are to share in the duties and the responsibilities of the same profession, if they are to be daily brought in professional contact, it is evident the same facilities should be extended to them in their preparatory work, and they should alike be held responsible for their professional lives, judged not from the standpoint of male and female, but solely from that of physicians. Our most popular nurses with men are female nurses. They enter the sick room as nurses, and are ready to perform any and every duty necessary for the relief of the patient, and they are none the less pure, none the less delicate, none the less fitted to take their place among the cultured and refined for the character of their work.

The shadows of old prejudices and of old ideas respecting woman's work and woman's field of usefulness still darken our atmosphere and antagonize wiser counsels. The female nurse is admitted to our hospitals as an important part of the working staff. In the operating room no one is so efficient, and by the sick bed no one so watchful, no one so delicate in touch and prompt with remedial agents. Where is the consistency, then, of admitting the female nurse and

shutting out from the hospital in professional work the female physician? The profession is wisely open to both sexes. Is there any justice, then, in giving one every facility for efficient work, and compelling the other, if they will make bricks, to make them without straw? A recent law and a very wise one compels every State insane asylum to have on its medical staff a female physician. In our insane asylums there is a very important reason for this action, which does not prevail in the ordinary hospital. The exclusion then is the result of prejudice, or more likely thoughtlessness on the part of the officers of the institution, whose attention has never been specially called to the matter. We are inclined to believe if the matter is properly presented, this, as it seems to us, simple act of justice to an important part of the medical profession will be cheerfully granted.

We hear of another important step contemplated by one of our leading universities which will have a very important influence upon the efficiency and learning of the profession. Several of the most important branches of medical education form a part of the curriculum of study in our great universities. Cornell, we hear, contemplates a still further advance in its university work, by increasing its preparatory course from one to two years. The four years of study under the necessary legislative action may be in that case divided, two years being spent in the preparatory course of the university, and two years in such medical college as the student may elect. The university part of the course, would include those studies which could be pursued in the laboratory and the lecture room and the field with greater facilities and more systematic instruction by men whose lives are devoted to a specialty than could be obtained in the general course of instruction in our medical colleges. The two last years could be devoted under this arrangement more systematically and intelligently to clinical instruction, which is always to be had in abundance in our large cities, and which, in the present standing of the profession, is of so much importance to the young physician. Of course, this would at first be an experiment, but it is an experiment which has been satisfactorily solved abroad, and we are inclined to think would be equally satisfactory here.

RAPID DILATION OF THE OS AND DELIVERY.

In a paper read before the State Society, Dr. Harrison Willis gives a graphic picture of the dilation of the os and rapid delivery which we

have found from many years' experience safe and effective. The fingers and the hands are much better agents in the work than any other device. The hands and arms are first thoroughly cleansed and disinfected, the patient anaesthetized and placed on the back. "With one hand over the fundus of the uterus, two fingers of the other, which have been well lubricated, are introduced within the vagina, and if the os is not at all dilated the forefinger is gently insinuated to the first joint within the os; after waiting a moment to the second joint, and held there for a short time. The finger is now withdrawn and the first and second fingers are introduced to the first joints; another interval and they are worked up as far as they can conveniently be with the fingers outside; next, the whole hand is carried into the vagina. In a primipara with a rigid os, the time taken so far should not be less than ten minutes. Then the tips of the three fingers should be introduced, and with the same intervals carried up. Then the four fingers in the same manner should be slowly wormed up to the knuckles, and the hand partly closed after a short time, which will still farther dilate the parts. The fingers and thumb now should be formed into a cone and gently pushed up within the os. This may all be done within one half hour if the parts are rigid, but should not be accomplished in much less time for fear of a laceration. This can and should be done without removing the hand, as by so doing there will be less danger of any infection. Now, without withdrawing the hand a careful bimanual examination should be made, the presenting part noted; if it be the head a positive diagnosis should be made by examining an ear; the hand should be swept around the lower zone of the uterus to feel if the placenta or the cord is there; then with the hand on the abdomen above the pubes, with the assistance of the hand within, the vertex should be gently but firmly pushed into the superior strait, when by proper axis forceps, such as I have had made and have used for many years, the child should be quickly delivered. But in some cases, owing to the unusual protuberance of the sacral promontory or the exceeding size of the foetal head, it cannot be pushed into the strait so that it can be properly grasped by the forceps. I will state here that proper forceps never slip if they embrace the base of the skull; if they slip it is because they grasp the top of the head only. In such a case we may deliver by turning, which we should usually do in prolapse of the cord if it cannot push up so that there will be no danger of grasping it with the blades of the forceps.

"As I have, by the above method, delivered a great many women in uræmic convulsions, coma, etc., I can recommend it as the safest possible way. No instrument ever devised can be so harmless to dilate the parts as the fingers and hand, if properly cleansed. Labor can be brought on at any time after the seventh month with comparative safety, but of course it should not be done unless there be a necessity for it.

ANTITOXIN FATALITIES.—Quite a stir has recently been made in Berlin (*Drugg. Circ.*) by the death of a child suddenly following the injection of diphtheria antitoxin. The child was apparently in perfect health and the injection was given as a prophylactic, a case of diphtheria having occurred in its home. The father, a medical man of much prominence, made announcement of the fatality in the daily papers, causing notices to be printed in large type, in which the diphtheria serum was named as the cause of death.

According to a report in a late number of the *Journal of the American Medical Association*, a similar fatality occurred at Portsmouth, O., some weeks before the Berlin case. Diphtheria had broken out in a mild form in the family of a gentleman of that place, and a boy, five years old, in whom no symptoms of the disease were apparent, was given a prophylactic injection of the serum. In five minutes afterward he was dead, apparently from paralysis of the heart.

Dr. J. L. Taylor, who reports the case (which occurred in the practice of another physician) says that the serum was fresh, and adds the following comment: "The doctor, one of the first to introduce antitoxin into medical practice in Portsmouth, was an enthusiastic advocate of serum therapy, and presumably used all the precautions which skill and experience can suggest. This terrible accident, therefore, can have but one meaning. It furnishes absolute proof of the inherent danger of antitoxin as a therapeutic agent. Cautious scientific observers have insisted from the outset that a substance capable of acting on the economy with the alleged effects of antitoxin must necessarily be a powerful agent. * * * Whatever may be the final verdict of the profession as to its merits as a remedy in diphtheria, the fact should not be lost sight of that it is a most powerful agent, that the contra-indications to its use are not yet well ascertained, and that it can be an active instrument of great evil as well as possible good. It is not often that the evidence of the ill effects of an alleged remedy is as clear as it is in this case. Given as a prophylactic to a healthy child, disease cannot be credited with any share

of the result. No one can doubt that antitoxin kills and that, too, right speedily.

While not exactly germane to the matter, we might here add that Dr. Carl Strueh has lately advanced the idea in the *Journal of the American Medical Association* that the decrease in mortality from diphtheria, as shown by statistics since the introduction of the antitoxin treatment, should not be ascribed exclusively to that treatment. He thinks a very important factor is that the serum-therapy, though not absolutely harmless, is less harmful than drug treatment formerly used, and favors hydro-therapy as a still better procedure.

DIPSOMANIA.—Dr. Kuman, in discussing this subject in the *Medical Standard*, says dipsomania is a true periodical insanity, of which the drink element is a mere phase. The abuse of alcohol is a mere expression of the insane tendency. Dipsomania, as a rule, is one of the degenerative states demarcable from simple imperative conceptions and inebriety. During the dipsomaniac periods these patients, like all periodical lunatics, are absolutely irresponsible. In discussing this question, Dr. Crothus, in the April issue of the *Quarterly Journal of Insanity*, says:

Periodical inebriates often manifest delusions in the free intervals that are not recognized. In one case the most miserly parsimony and dread of poverty appears. Every thought and effort will be directed toward the accumulation of money, even up to dishonesty, causing distress among all associates. When the drink period begins he is generous, kind, and benevolent. The free interval in another case is a period of contention, suspicion, distrust and doubt of the reality of appearances and motives of every one. Pessimism in its most aggravated form appears. A great variety of most complex mental states appear, which are delusions both transient and fixed. The common form is the intense religious fervor seen in persons whose drink craze has subsided. This becomes a burning zeal to rescue others by what is called gospel temperance work; or, more recently, in wild hysterical praise of gold-cure specifics; or entering upon the work of curing others with unusual credulity by unknown specifics. These delusions always end in relapse sooner or later. The more prominent they become the sooner they explode. Recently I had a case that, after the subsidence of the drink craze, became insanely slanderous. Nearly all the waking moments were occupied in finding dishonesty and falsehood in others. Every hint or possible act was construed into

treachery and baseness. Corruption was discovered in everything; no one was free from wrong. There was a peculiar maliciousness and insane cunning in this that could not be mistaken. The physical basis for it was manifest in the great improvement from sharp eliminating treatment, by purging and baths. In another case sexual delusions of the immorality of others, and the efforts to entangle the person, would come and go every two weeks.

Delusions of persecution by friends, relatives, wife or parents are also common, but usually unfixed and changeable.

These conditions are loosely termed "crankisms," and in most cases are organized and systemized into open or concealed beliefs. They are always dangerous, because unknown, and likely any moment to develop into acts that may be serious. These delusions are false beliefs which are, in most cases, without any foundation or reason from without. They are the workings of defective cell activities, which project themselves to external objects, apparently governed by no known conditions. In all probability they exist in all cases, but are easily corrected and transient in most instances. After a drink paroxysm the senses are defective, and the power of analysis weakened. Discrimination between the true and false is imperfect and misleading. This, in most cases, can be called unsystemized delusion, while in others it is systemized. The mental peculiarities of reformed men is a new field for the study of these delusions.

QUICK FILTRATION OF URINE.—A writer in the *Boston Medical and Surgical Journal* recommends the following as an extremely easy and satisfactory method of obtaining a small quantity of clear urine from a cloudy specimen in order to make the usual test for albumen: a small quantity of the cloudy urine is placed in a test tube, and the mouth of the tube plugged with cotton to a moderate degree of firmness. A second test tube is placed with its mouth to the first. The position of the tubes is now reversed, so that the one with the urine is bottom upward. The upper tube is now carefully and gently heated over the flame of a Bunsen burner or an alcohol flame, and the expansion of the air above the urine immediately forces it through the cotton plug, and the filtered urine collects in the lower tube. In this way one imitates the rapid filtering apparatus of laboratories, but using pressure above the fluid to be filtered instead of an air exhaust below.

POISONOUS EFFECTS OF BORAX.—At the present time there are a vast number of preparations intended for the cure and preservation of foods, which depend for the claim advanced upon the large portion of sodium baborate contained. This fact has led Fére, of Paris, who has had considerable experience with the drug in the treatment of intractable cases of epilepsy, to investigate its physiological action. He several times found it necessary to give large doses for long periods, and frequently met with persons who were peculiarly susceptible to the drug. The untoward effects were loss of appetite, succeeded by burning pain at the pit of the stomach, buccal dryness, and eventually nausea and vomiting. Also a remarkable dryness of the skin was produced, which not only favored, but in several instances caused, skin maladies, notably eczema; the hair, also, became dry and fell out, threatening complete baldness. The most dangerous result of the use of sodium baborate is its power to increase kidney disease, or to convert a slight renal malady into a fatal or malignant affection.

RESTRICTION OF TUBERCULOSIS.—Prof. Victor C. Vaughan contributes a valuable paper on this subject to the transactions of the Colorado State Medical Society for 1895. Prof. Vaughan deals largely with the life history of the organism, how the disease is acquired, and how it may be prevented. He rightly believes that there is no evidence that climate gives immunity to the disease. Acquiring tuberculosis and arresting its progress when once acquired are two different things. Prof. Vaughan advocates, among other measures, that schools for the instruction of consumptives in the methods of taking care of themselves and preventing the spread of the disease should be established. This would result in lengthening their own lives, in rendering them more comfortable while they do live, and would save others from infection. These schools should consist of model hospitals where the consumptive would be both patient and pupil. Dr. Vaughan declares that every State should establish one or more hospitals for the education and treatment of its consumptives.

THE New York School of Clinical Medicine is the latest addition to our metropolitan schools for post-graduate medical instruction.

The advantages this school offers the profession are based upon the system followed in Berlin by the *Privat-docenten Verein*, the organization from which all clinical instruction is

practically obtained by physicians seeking more complete information in special studies of medicine.

The headquarters of the school are in connection with the West Side German Dispensary in West Forty-second street, but the material for study is distributed over the various medical clinics of the city.

The value this opportunity affords medical men, seeking to brush up on special branches of their profession, to come into direct association with both teacher and patient, it is hoped will be fully appreciated by the profession, as no similar advantage, up to date, has been offered by any school or organization in this country.

YEAST NUCLEIN IN THE TREATMENT OF HIP JOINT DISEASE.—The *New York Medical Journal* contains an exceedingly interesting account of the treatment of hip joint disease with very marked success by the use of yeast nuclein. The report is preceded by a brief statement by Dr. Hitchcock, of Detroit. He says:

"In the *American Lancet* for January, 1895, Dr. Charles W. Hitchcock, of Detroit, remarks that not all cases of hip disease are, with any fair promise of success, amenable to conservative treatment. Cases long neglected, in which erosion of the joint structures has already occurred, together with suppuration and resulting fistulae, are not encouraging instances for non-operative measures. An early diagnosis is of the utmost importance, that the case may be taken in hand before gross and irreparable damage has placed it beyond the reach of any save the most heroic treatment.

"The nucleins," says Dr. Hitchcock, "are among the newer remedies that may do much as an aid to tissue-building, more especially as they are said to influence cell metabolism so as to bring about a healthy resistance to disease processes.

"The germicidal properties of nuclein he," continues, "have been demonstrated, and Vaughan and McClintock have shown that the germicidal constituent of blood-serum is a nuclein." Parke, Davis & Co., he says, have rendered yeast nuclein accessible to the profession. They make it for Dr. Vaughan and according to his formula; the solution which they supply is about a 1 per cent. solution. Of this solution of yeast nuclein, from 5 to 60 minims may be administered at a time. The dose may be increased gradually and cautiously from the initial dose (which may appropriately be about 10 minims), regard being had to the febrile reactions, which may be decidedly marked and are to be looked out for.

AIROL.—*An Iodo-Bismuth Preparation.* The unpleasant odor of iodoform has made it such an unpleasant element in the sick room that chemists have long sought a substitute which, while it possessed its powerful antiseptic properties, would be free from its disagreeable and often sickening odor. This substitute, it is claimed, has been found in airol, which, submitted to the most careful tests, has proved so successful that it has been adopted in the place of iodoform in many of the European hospitals. It is not only perfectly free from odor but is non poisonous, and has no toxic and irritating properties. In chancroids, ulcers, purulent ophthalmia, acute and chronic gonorrhœa it has been found on account of its great antiseptic and less irritating properties to iodoform superior in its application to that drug. A 10 per cent. glycerine emulsion is used in gonorrhœa, reduced if necessary by a larger amount of water, three to five injections being sufficient.

WE regret to hear that Dr. John Aulde has retired from the editorship of the *American Therapist*. It was one of the most original and readable journals on our exchange list.

SIR JAMES KITSON, the brother-in-law of Dr. Playfair, it is said, will pay the damages and costs of the recent suit, amounting to nearly \$50,000.

BIBLIOGRAPHICAL.

TENTH ANNUAL REPORT of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania, 1895.

THE NEWER REMEDIES. We have received from Mc-Kesson & Robbins a neat pamphlet containing "The New Remedies," with a brief description of their formation and action. This will be sent to any physician on application.

THE Arena, notwithstanding the reduction of the price one-half, shows no decrease in the ability with which it discusses the great questions of the day. The May and June issues are more than usually rich in literary and scientific articles. The *Arena*, to the scholar, the thinker, the lover of choice literature, fills a place which no other journal occupies. Each issue contains 200 pages of original matter, with editorial notes and world of books.

THE TREATMENT OF PHTHISIS. By Arthur Ransome, M.D., F.R.S. London: Smith, Elder & Co., 15 Waterloo place, 1896.

The author has confined his observations to his own large and more than usually successful experience, in which he has kept in touch with the ablest investigators upon this subject, utilizing their work whenever it seemed indicated. Dr. Ransome believes that phthisis, kept under proper supervision and intelligently treated, is to a much larger extent amenable to treatment than is generally believed.

"**LITTELL'S LIVING AGE.**" There is no journal which keeps one so truly in touch with the great minds of the Old World as *Littell's Living Age*. The choicest articles,

not abstracts, but entire, in the language of their authors, are transferred from the ablest journals in every department of literature in Europe to the weekly pages of a magazine, which, for the past half century, has done more than any other journal to cultivate the taste and mould the thoughts for good of our people. Among the notable articles in the last issue are "Cardinal Manning and the Catholic Revival" and "Personal Reminiscences of the Great English Cardinal," by Aubrey de Vere.

DISORDERS OF THE MALE SEXUAL ORGANS. By Eugene Fuller, M.D. Philadelphia: Lea Brothers & Co., 1895.

The author covers a broader ground than is generally occupied by writers on this subject, taking the position that pathological and physiological factors in connection with the apparatus actually employed in the sexual act are oftentimes the direct causes for sexual and other allied disturbances, the psychological and neurotic conditions being in the minority. He thinks that every case should be examined from the three different standpoints enumerated and a differential diagnosis reached before active treatment is commenced. The subject is skillfully handled, in such a way as to lead to a correct diagnosis and a more satisfactory treatment.

OBSTETRIC ACCIDENTS, EMERGENCIES AND OPERATIONS. By L. C. H. Boislirier, A.M., M.D., LL.D. Profusely illustrated, Philadelphia: W. B. Saunders, 1896.

This book is not a treatise on medicine only nor a manual of obstetrics, but a work easily carried in the pocket for ready reference in cases of emergencies. Frequent reference is made to cases occurring in the author's hospital and private practice, extending over a period of forty years. Part I. is devoted to accidents to women, Part II. to obstetrical operations, and Part III. to accidents to the child.

The work is timely, full of excellent suggestion as it regards diagnosis, prevention and treatment clearly and forcibly presented, and can be studied by every physician with much practical benefit.

TWENTIETH CENTURY PRACTICE OF MEDICINE. An International Encyclopaedia of Leading Authorities of Europe and America. Edited by Thomas L Stedman, M.D. In twenty volumes. Vol. V., Diseases of the Skin. Wm. Wood & Co., publishers.

This volume is rich in contributions from some of the ablest specialists in England, France, Austria and America. Of American specialists the list includes Charles W. Allen, John T. Brown, L. Duncan Bulkley, James Nevins Hyde, Douglas W. Montgomery, Arthur Van Harlingen and Henry H. Whitehouse. England is represented by H. Radcliff Crocker, France by L. Brocq, of the Paris Hospital and H. Leloir, of the University of Lille, and Vienna by Moriz Kaposi, one of the most profound scientists of Austria.

We are specially interested in the work of Leloir, covering nearly 150 pages on dermatoneuroses, who has been one of the most original and careful investigators of neurosis of the skin, and has shown what is now admitted by most authors of skin diseases, that it constitutes one of the most important divisions of cutaneous pathology, and points the way to a more scientific and satisfactory treatment of an exceedingly troublesome class of diseases. It has only been of recent date that this subject has been placed on a solid basis, and that has been since the scientific demonstration, to which Leloir has contributed so much, was made of the part which the nervous system plays in the nutrition of the tissues, and especially that of the skin. This volume is fully up to the high standard of the series.

THE INTERNATIONAL HOMEOPATHIC CONGRESS.—Dr. Kraft, of the *American Homœopath*, promises to take a number of ladies and gentlemen to London and return by the Montreal steamers for \$70. Their quarters will be in the second cabin, with first cabin fare.

CORRESPONDENCE.

EDITING AS A "BUSINESS."

Homeopathy in the United States escaped alive from one peril—the publisher. For long, Radde was the autocrat who declared what should be said and how; and all this was before the editor of the *Medical Century* was even epididymisically existent.

Radde's successors, Messrs. Boericke & Tafel, inaugurated an entirely different era. They gave independent authorship and also dependent editorship a wide liberty; and if a poor publication came from their press it was because of their misplaced confidence in an equally misplaced editor or author.

They went even farther; they recognized the function of the critic in its high value, and they encouraged its exercise with the loftiest spirit of disinterestedness. I remember once writing to the late Mr. Tafel that I should decline criticising a certain book sent me by him because I could find only the most emphatic condemnation for it. At once came the reply: "You will please go on and review the book, and when we put out a poor book we will thank you to say so plainly." This was something other than "business"—or better, it was *business* as it should be. I trust that the editor of the *Medical Century* will take time to perpend this example.

He, in his youthful exuberance, usurps the censorship of the critic, forgetting, or not knowing, that this is the inalienable prerogative of every reader of the criticism. If the critic is incompetent, or biased, or unjust, his criticism carries in it and with it its own and his condemnation. The impudent interference of either author or editor is to be rebuked; if the thing criticised is not its own "strong defence," then every word of author or editor in its behalf is simply and only an impertinence, to say nothing of its *superfluity*, which, the young man of the *Medical Century* should make haste to learn, is an insult to the learning of his betters.

I should explain, for the benefit of many of your younger readers, that I am a retired critic, "whose sands of life," etc., are yet sufficient to enable him to stand up for the rights of that ancient and honorable guild. Before today I have "gone for" a fellow critic whom trade jealousy deflected from the honest judgment. I advised him to "Drink fair, Betsy, wotever you do!" and I do not know that he ever again wrote a criticism in drink. I hope I may be able to succeed as happily with

"The falcon towering in her pride of place."

of the *Medical Century*. How far I am safe in using the name "falcon," I cannot say; I do not know how far the editor of the *Medical Century*'s knowledge of ornithology extends; he may know as much about it as he does about surgery and manipulating Homœopathic meetings—and he may not; he may have mistaken the autumnal flight of a gray goose across a gusty common for a "falcon's" soaring; he once saw shining before him with hospitably extended arms a "chair" in a university that shall be nameless, but, after all his plans, the thing he sat down in was woefully like a dunce's stool. No, no; the "pride of place" is all correct, but the "falcon" business glimmers in uncertainty. Indeed, I am not at all prepared to take his word for the "mousing owl"; the owl is not a carrion-eater, and it is something "rotten" in the "Homœopathic Text-Book of Surgery" that attracted its critic. Maybe a decayed fish or something like it for malodorousness.

As the editor of the *Medical Century* has evidently gone into editing as a business—virtue is never so much its own A. Ward as when it entails coupon clipping—it is a kindly charity to warn him against the rocks and shoals that may wreck his frail cockle-shell before the voyage is fairly begun. I will therefore remark that it is bad taste to impugn the motive of an adverse critic. The sole question is the *validity* of the criticism; if that rests upon a basis of absolute fact the motive is out of all challenge. A book that does not defend itself is indefensible by either author or editor. The editor of a trade journal may, indeed, throw dust into the eyes of sundry readers, but

that is no misfortune, for such readers are just as well off without eyes; and so is such an editor.

But the ascription of an invidious motive to the critic has another and a viler aspect. When contributions are offered to the editor of such a representative work as the "Homœopathic Text-Book of Surgery" was proclaimed to be, they are nothing more nor less than *confidential communications*; and what of an editor that will violate them; that, overflowing with spleen, forgets what he owes to his position (he may not consider himself in debt to himself) as to brand a critic as "a rejected contributor!"

To solicit contributions to the *quasi* "Homœopathic Text Book" was an imperative need, and a stroke of business worthy of Chicago enterprise; but to betray the trust of an unsuspecting surgeon remained for a Chicago editor. What will be the result when he next turns to editing as a business? Or, in order to be accepted as a contributor to one of the Homœopathic crazy-quilt text books, must one first prove his fitness by beslavering some such business venture with fulsome praise?

The editor of the *Medical Century* and of the "Homœopathic Text Book of Surgery" may rest assured that both the ethics and the lasso of the cowboy are sadly out of place in this latitude, and that methods which may be *comme il faut* in Texas are not adapted to the effete civilization of the East. May he mend his manners, and if that be impossible, may his sore need make him a most successful borrower.

S. A. JONES.

Ann Arbor, May 5th.

REPLY TO DR. PATTON'S LETTER.

To the Editors of the NEW YORK MEDICAL TIMES:

In your Montreal letter of this month Dr. H. M. Patton comments upon the position always maintained by the TIMES—that "a true physician is free to use physiological medicine in those cases where curative results cannot be obtained from the secondary working of drugs as now known." He asserts that, leaving out chemical and mechanical cases, those conditions which cannot be successfully treated by the secondary action of drugs "are very, very few." Failures to cure in this way, when cure is possible, he would attribute to either "lack of knowledge of the *materia medica*" or "lack of capacity to read aright the symptoms." And yet he strongly deprecates "a present judgment of the law of similars, believing that centuries will elapse ere it becomes a perfect system." Of course, no length of time will suffice to change a "law" into a "system." Evidently Dr. Patton here refers merely to "the development of similia," of which he says in the next sentence that the more thoroughly it is carried out "the less will medicine need the primary effect of drugs." But if, *even now*, conditions refractory to Hahnemannian treatment are extremely rare, and its failures in curable cases are due, as a rule, to the ignorance or incompetence of the prescribers, how much room for improvement is there in the "system"? Is it not already near perfection as anything human can be? Dr. Patton seems to think that "the profession" ought to take up the work of "developing our *materia medica*" where Hahnemann and his immediate disciples left off, in order that exceptional practitioners like himself may finally be enabled to cure a "very, very few," of their patients by one kind of drug-action rather than by another. This would demand centuries of "human sacrifice," in the form of "heroic self-martyrdom"—which, I submit, would be rather a high price to pay for such results.

Your correspondent's concluding argument—against "dropping the name"—is perhaps the most surprising part of his communication. "Man," he declares, "is a bigoted animal, a cowardly animal, and force has always been a greater power in the world than gentleness." Has he completely forgotten the posological motto of his school, "*die milde macht ist gross?*" If so, let me remind him that were the "hammering process"—bringing into bear the overwhelming influence of "material success"—really the best method of establishing truth, Christianity itself would not now be "a power in the world."

May 15, 1896.

GEO. L. FREEMAN.

A CORRECTION.

To the Editors of the NEW YORK MEDICAL TIMES:

The formula you published in my article in the last number of the TIMES was not correct.

Please publish the correct formula, thus:

B Balsam copaiba	ss
Oil sandal wood	ss
Oil cinnamon	i
Emulsion acasia.....	iiiss
Simple elixir.....	iiiiss

Sig.: A desert spoonful every four hours.

Yours,

E. M. HALE.

SOCIETY REPORTS.

FRENCH MEDICAL SOCIETIES.

BIOLOGICAL SOCIETY.

M. Kauffmann has compared the nutrition and thermogenesis during early life in normal and diabetic animals. He has determined that in the animals that had been rendered diabetic experimentally the combustion is not increased; on the contrary, the azote and saccharine elimination are considerable argued, which explains the loss of weight of the animal. It is the oxidization of the albumen that is especially exaggerated, all the other phenomena of combustion being retarded the most.

MM. Abelous and Biaries have investigated with the view to determine the oxidizing power of different organs, and have found it especially marked in the glandular organs in the spleen and liver. The nervous system, and even the muscular system, despite the large quantity of heat it produces, have but feeble oxidizing power.

M. Bourquelot presented an observation of M. Severeann of a case of poisoning by strychnine, successfully treated by sub-cutaneous injections of curare.

M. Lapicque has studied the action of diphtheritic toxine when superficially applied, and has decided that it produces the same lesions as when the liver is infected. Again, the liver does not appear to exercise a sensible action of fusion, for the animals injected by the vena portae survive no longer than those injected by the veins of the ear.

ACADEMY OF MEDICINE.

Congenital Luxation of the Hip.—M. Broca operated in thirty-seven cases of congenital luxation of the hip, with three deaths, which took place early after the intervention. When carefully conducted the operation is absolutely harmless. As respects the final result, only nineteen were old enough to be put in the line of reckoning, and there were three relapses. In sixteen other cases there was a solid nearthrosis; walking became easy and much less fatiguing, the stiffness diminished, and in two patients completely disappeared. After the operation, M. Broca, like Lorenz, replaced continuous extension by the plaster apparatus, but the preparatory extension renders great service in the old luxations of children of ten or fifteen years.

Professional Contagion of Cancer.—M. Guermonpre reported two cases, the first of epithelioma of the temple, the second an inguinal papilloma in physicians, which seemed to be due to a professional contagion.

Photography of the Gravid Uterus by the X-Rays.—M. Pinard presented the first case in which the photography of a gravid uterus by the X-rays, which was subsequently removed by autopsy and frozen, had clearly showed the position of the fetus. Experiments upon fresh specimens showed that the tissues could be traversed immediately after death. These first results, due to MM. Varnier, Chappius, Chauvel, Funcke, and Brentano, are encouraging.

Treatment of Tumors of the Mouth by Chlorate of Potash.—M. Dumontpalier presented three cases of tumors, probably epitheliomatous, of the mouth, successfully treated with the chlorate of potash locally applied, and given internally in the dose of 4 grammes daily. The

treatment should be continued for two or three months. It is necessary to be sure of the functional integrity of the kidneys, and to remove all causes of local irritation by dental tartar. M. Reclus recalled that his investigations had shown the real effects of the chlorate of potash in cutaneous epithelioma, and its inefficacy in the mucous form; the ameliorations are often ephemeral. M. Dumontpalier replied that one of his patients has been cured for eleven months. When employed with perseverance the chlorate of potash will often enable an operation to be avoided.

Of Appendicitis.—Upon this subject M. Dieulafoy made an important communication. The following are his conclusions:

1. Appendicitis is always the result of the transformation of the appendicular canal in a close cavity.
2. This transformation may occur at some point of the canal, the length and narrowness of which is so conducive to the transformation.
3. The transformation of the appendicular canal is made by different mechanisms which I have been able to establish by investigation of appendices that have been removed by surgeons. Often the partial obliteration of the canal, and its transformation, are due to the slow and progressive formation of an appendicular calculus, more or less hard, according to the inorganic matter, the salt of lime and magnesia, united with a quantity, more or less considerable, of the organic and stercoral matter of the calculus. This consists, not of a calculus coming from the cæcum, as has been incorrectly stated, but it is a veritable appendicular lithiasis, which I compare to a renal or biliary lithiasis.

4. By numerous examples I have been able to demonstrate the pathogenic similitude of these three lithiasis, their coexistence in the same family, and the heredity of calculous appendicitis, and which I propose to associate with the patrimony of gout and arthritism.

5. In other circumstances the transformation of the appendicular canal in a close cavity is the consequence of a local infection, in every respect comparable to an obstruction of the Eustachian tube in a case of otitis, and to the obliteration of the biliary canals in catarrhal icterus. In fine, in some cases, the transformation of the canal is the slow and progressive result of a fibrous contraction, like that of the urethral canal. It may be added that many of these causes may be united in the same individual. The appendicular lithiasis and obliteration by thickening of the walls are often united.

6. The symptoms of appendicitis, whether mild or grave, slight or violent, do not manifest themselves until the transformation in the close cavity occurs. At that moment the normal microbes of the appendix, hitherto harmless, begin to pullulate and increase their virulence. Then there occurs here what has taken place in the remarkable experiments of Klecksi after the ligation of a coil of intestine. From these experiments it is that I have endeavored to establish the theory of appendicitis from a close cavity—a theory confirmed by the experiments of Roger and Josué.

7. In an appendicitis thus constituted there is elaborated a nest of infection, sometimes terrible, the principal microbial agents of which are the bacillus coli and the streptococcus, as my interne, M. Kahn, and myself have often proved.

8. The virulence of appendicitis is sometimes so great that the patient may die from the infection itself of the appendicitis, in the absence of the symptoms and lesions of peritonitis.

9. In other cases, the infection extends from the appendix to the peritoneum, the walls of the appendix not being perforated, yet in despite of the absence of perforation we see manifested every variety of peritonitis, the acute septicemia of peritonitis, general peritonitis, encysted peritonitis, remote peritoneal abscess and areolar abscess of the liver.

10. Finally, in cases which are considered the most classic, because they are the most generally known, appendicular infection terminates in gangrene, in perforation of the appendix, and the result is the evolution of the different varieties of peritonitis from perforation.

11. The medical treatment is null or insufficient. The only rational treatment is surgical intervention, practised at an appropriate time.

Intercricothyroid Laryngotomy.—M. Richelot declared that the ordinary tracheotomy in the adult is always a dangerous operation. Simple laryngotomy, easily performed in a minute and exposing no organ of importance to being wounded, should be substituted. A canula of 9 to 10 millimetres easily penetrates the inter-cricothyroid space and amply suffices for respiration. In cases of asphyxia, where the veins are swollen, the neck thick and short, laryngotomy is easy, and the only possible operation in such cases.

The Roentgen Rays.—M. Guyon exhibited photographs of renal calculus, and of the biliary vesicle obtained from the cadaver by MM. Chaput and Chaurel. M. Fournier also presented photographs taken by MM. Oudin and Barthélémy and showing first the integrity of the bone in an arthropathy connected with psoriasis, and second a metallic foreign body in a phlegmon of the hand.

The Plague in Asia.—M. Mahe reported the existence of the plague in three principal localities, viz: Arabia, Persia and Western China. The last was specially important, because it was neighboring to the French colony of Tonquin.

The Hydromineral Treatment of Angina Pectoris.—M. de Roux read a paper showing the utility of this treatment.

MEDICAL SOCIETY OF THE HOSPITALS.

M. Potain presented a case of interventricular communication without functional symptoms. The patient, a woman, reached the age of fifty-five, without disease of any kind. She had had three pregnancies, and nursed three children. She entered the hospital for dyspeptic troubles. It caused astonishment to find on auscultation the signs of interventricular communication of the heart. There was a considerable souffle with resonant sound at the internal part of the third intercostal space, intense murmur at this point, no particular propagation of it towards the vessels, no increase in the volume of the heart, regular pulsation. M. Siredey observed a patient in 1892, who in some respects resembled M. Portant's case. He was a young man of 19 years, and had entered for an acute febrile attack, which left him in a few days. Auscultation revealed a triple cardiac lesion, accompanied by no functional symptom. Autopsy confirmed the diagnosis of contraction of the pulmonary artery, persistence of the foramen of Botal and interventricular perforation. M. Rendu said it seemed that many congenital cardiac lesions manifested themselves without any appreciable symptom, for instance, the remarkable case cited by M. Barth of a patient whose heart was represented by a single ventricle, and who lived long without any special trouble.

M. Huckard: Anacrotism of the pulse in aortic contraction, its characteristics are dichroism, at the same time in the ascending and descending aorta. It was found in the young and always with very contracted orificial stenosis. The two conditions seemed to be necessary.

M. Potain: Anacrotism of the pulse has not a single cause, and is not the exclusive result of aortic retraction, for it is met with in cases of insufficiency, and even when the orifice is normal. It is observed at the same time with the sound of the systolic gallop, and, like the latter, is of arterial origin.

M. Catin thinks that the indications for the employment of injections of creosote are restricted and the contra-indications many. They are useful at the beginning of tuberculosis, and in the slow forms, but are not specific. M. Fernet: It is difficult to make a prognosis of tuberculosis, and to appreciate the value of treatment. Hygienic means alone are capable of producing a cure of tuberculosis of the slow form. Creosote produces certain irritations of the digestive organs, the circulatory and the nervous systems, but only in cases in which it is administered in suitable doses; beyond that it gives rise to phenomena of poisoning, an acute or chronic creosoteine, nor is it a bactericide, unless the blood contains a large quantity of it. In the non-torpid forms of tuberculosis, in alcoholics and arterio-scler-

otics, it is contra-indicated, and in many individuals large doses are dangerous.

M. Handt, in the course of his experiments upon tuberculosis of the liver, has succeeded in proving that creosote causes the urobilin of the urine of tuberculous patients to disappear. Rectal injections appear to be the most active. M. Legendre: Before employing creosote for tuberculosis it may be used as a remedy for certain forms of dyspepsia, and thus become a valuable gastric adjunct. M. Hayem: This discussion has brought out three points: First, the action of creosote upon the digestive tube; second, upon the urobilin; third, the intestinal origin of urobilin. For a long time German physicians had employed creosote in affections of the digestive tube. It is certain, however, that in all tuberculous patients submitted to the creosote treatment gastric difficulties are the most profound. The remarks of M. Handt are very important, but it should not be forgotten that rest is often sufficient to cause urobilin to disappear. As respects the intestinal origin of urobilin, that is an old theory, and it should be remembered that it is more abundant in the healthy man, and urobilinuria is a physiological phenomenon.

M. Barrie: In most tuberculous cases, creosote administered by the stomach produces dyspeptic troubles. It should be administered by the rectum, in the form of suppositories. M. Ferrand: Creosote appears to act as an irritating agent. It is indicated in torpid infiltrations of the lung, without congestive reaction. It should not be employed when the tubercles are disseminated into small patches with a tendency to soften, and it increases active peripheral congestions in these patches. M. Manquat recommended as an injection an emulsion of creosote in milk, in the proportion of 10 per cent. M. Burlureaux was of M. Fernet's opinion. Creosote is not a specific, but an adjuvant, and should be handled carefully. Every patient that can support very large doses well must be cured. M. Siredey: This law has its exceptions. One of his patients who took with ease 2 grammes of creosote daily, succumbed to rapid tuberculosis. M. Faisans: It should not be concluded from the tolerance of creosote that its curative action is certain, and its universal use in all forms of tuberculosis should be disapproved. In some forms it is positively hurtful.

SURGICAL SOCIETY.

Serotherapy and Tetanus.—M. Broca added a fact negative of the treatment of tetanus by antitetanic serum. Although the injection was made immediately upon the appearance of the disease, death supervened. M. Delorme saw a case of acute tetanus which had been treated with the antitetanic serum by MM. Vaillard and Roux, and which died the same evening.

Abdomino-Perineal Method for the Ablation of Rectal Tumors.—M. Chalot, of Toulouse, made a permanent anus at the top of the iliac fossa. Then a portion of the tumor could be removed by the abdomen. At a second time the inferior extremity of the tumor was removed through the perineum. Unfortunately, the patient upon whom the operation was performed died on the night following. The important point of this method is the complete hemostasis that is secured from the first by tying the superior hemorrhoidal artery and vein, which permits the ulterior perineal extirpation to be easily effected. M. Quesno claimed for M. Gauthier the priority of this operative method.

Perineal Sigmoidostomy or Colostomy by an Abdomino-Perineal Passage in Cases of Congenital Imperforation.—M. Chalot observed a case of imperforation in a young female child. He commenced the operation by a perineal incision, but could not reach the ampulla. He then deliberately opened the abdomen, which gave access to the iliac sigmoid flexure, which he opened with the index finger, he then perforated the rectal cul-de-sac and forced the intestine through the perineal orifice; as the rectum was absent, it was the coil of the sigmoid that was attached to the integument. Hence he called the operation perineal sigmoidostomy. The patient was cured, and now in good health. M. Guinard exhibited a foreign body extirpated from the hand notwithstanding its exceeding

smallness—a small needle—by the help of a photograph of the Rontgen process.

OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY OF PARIS.

MM. Doleris and Bonnus: Uterine rupture. The rupture occurred spontaneously in the course of a regular labor in a cachectic woman, and a subject of purpura. Head presentation, cervix very much altered, pelvic varicocele, absence of the usual signs of rupture. Patient died on fourth day from slow intra-peritoneal hemorrhage.

Clinical, Bacteriological and Experimental Researches Upon the Transmission of Tuberculosis From Mother to Child.—M. Bolognesi reported thirteen observations of tuberculous women who were delivered—the majority at the Hospital Cochin, the others at the Charity. He examined the placenta of all and the organs of the foetuses of many. The researches and experiences with the thirteen were barren and negative of results. In all the cases the placenta was examined, the blood from the umbilical cord and that from the placenta was investigated immediately after birth, and no tubercular lesions or Koch's bacilli were discovered. M. Bolognesi believes himself justified in concluding that maternal tuberculous heredity is a matter of predisposition and of aptitude, the mother delegating to her child an apt soil for bacillary development, and that makes it a fit candidate for tuberculosis. The infants of tuberculous mothers should not only be deprived of the mother's milk and nourished by a healthy nurse, but they should be isolated, or better still, removed from the domestic contagion to which they are usually exposed.

M. Porak examined the lungs of a child of a tuberculous mother, dead a few days after its birth. The histological examination showed that there was bronchial dilation with peripheral sclerosis. He concludes that one should be cautious in affirming the existence of congenital tuberculosis. M. Charpentier remarked that the children of tuberculous parents are very large and vigorous at birth; he does not believe in the intra-uterine contagion of tuberculosis. M. Mace reported two observations of death supervening during labor in subjects of cardiac disease. The first was a woman in her fourth pregnancy, who had asystolic troubles; syncope occurred in the course of the labor, delivery was effected by the forceps, and it was impossible to revive the child. Autopsy demonstrated the existence of mitral contraction, with marked myocarditis. In the second case, syncope supervened also, but the child was revived and lived five days. In this case there was also mitral contraction, but the woman died of the syncope induced by acute oedema of the lungs, with double hydrothorax. M. R. Martin, on the influence of placental alterations upon the development of the foetus, and upon its health during the ten first days after birth: The calcareous degeneracy of the placenta has no bad influence upon the development of the foetus, nor on its health, and hereditary syphilis often loses much of its initial weight. From the researches of Durante in the Charity laboratory, the white patches of the placenta result from a primitive lesion of the villous coat, producing thrombosis, and the coagulated blood may become organized and become the seat of hemorrhages. These extremely common lesions are often connected with albuminuria, interfere with the development of the foetus, and diminish its vitality.

FRENCH SOCIETY OF DERMATOLOGY AND SYPHILIGRAPHY.

Treatment of Syphilis by Sub-Cutaneous Injections of Mercurial Preparations.—M. Hallopeau: Injections of the soluble salts should be abandoned, because they are too painful to be practiced in sufficient doses. Injections of the fatty oils are less dangerous in moderate doses; injections of calomel are often very painful, and should be reserved for cases in which energetic intervention is urgently indicated for rebellious syphilitic manifestations. When other means have failed, they may be efficacious, and they may be replaced by supra-pubic frictions, which are very active. MM. Rey and Julien made a communication upon the treatment of syphilis in the dispensary of Algeria. In

1895 they employed exclusively injections of the insoluble salts of yellow oxide and calomel. Results were good; women were impatient to return on the day fixed for the injection.

From the observations of MM. Rey and Julien, the accidents disappeared more slowly with the use of the yellow oxide, and resisted this salt, but yielded to calomel. They prefer as a vehicle gum water, and the quantity of the salt injected did not exceed 5 or 7 centigrammes every fifteen days.

M. Lavarenne communicated the results of his researches upon injections of the oil of the biioduret of mercury—4 milligrams to a cubic centimetre.

M. Portalier reported upon the injections of calomel. He compared the good effects of these injections in true syphilitic accidents, and their lesser value in the para-syphilitic, tabes and general paralysis. They act particularly in tertiary glossitis, cerebral arteritis and malignant syphilis, and are a valuable method for diagnosing doubtful specific lesions.

An extraordinary surgical operation has just been successfully performed at the University of Prague. Prof. Maydi opened the abdominal cavity of a young man of nineteen years, a student at the "Ecole Technique" of Brunn. From his infancy he suffered from an internal tumor that reached from the dorsal spine to the lower abdominal region. Between the vertebral column and the intestines the professor found the undeveloped form of a headless fetus, but provided with extremities perfectly visible and thickly covered with coarse hair. He thought that this tumor was a twin child, which, for some unknown reason had become developed in the lower part of the body of the one that was really born. The young man, the subject of the operation, is to-day well and out of danger.

Phthisical Subjects Cured.—The political journals have been producing some excitement *apropos* of the decoration by the President of the Republic, on the occasion of his recent visit to Lyons, of an old survivor of the "Grande Armée," who had reached the age of 103 years. This centenarian, at twenty-four years after Waterloo—and here is the cause of the general public amazement—was restored from confirmed phthisis. It would be difficult to cite many other examples of the cure of consumption. Goethe, who at nineteen years of age was pronounced to be irrevocably doomed, died at the age of eighty-one, after contributing to the glory of Germany. The first Napoleon was universally judged to be affected with grave thoracic disease at the time of the siege of Toulon. Brehmer, the great Brehmer, as he is called in Germany, and who founded, after unheard of struggles, the first sanitarium—that of Gobersdorff, in 1859—was phthisical at the time, and died in 1889. Dettweiler, who founded and directed with marvellous activity the sanitarium of Falkenstein, the first opened to the tuberculous poor, was the subject of phthisis. In France, and in the Academy of Medicine, it would be easy to cite five academicians, who are notoriously tuberculous. One may be named without indiscretion, for he made allusion himself to his malady, in his farewell lecture at the hospital "Saint Louis;" it was Dr. Pean. Declare, though disabled for a short time after his course as prosector of the hospitals, was sufficiently restored to attain to a high position in the ranks of surgery, and to manifest ability of the first order. In a recent statistical report Dr. Haufe, director of the sanitarium of "Saint Blasieu," published the results of an investigation made in 1891 upon the patients treated there during ten years. He obtained the following facts relative to phthisical patients who had left the sanitarium at various times. Forty-six did not respond, five died, twelve had a relapse after an interval of from three to six years, 201 left two years after, and for ten years did their work without cessation, all continuing to cough. Seventy-two may be considered as proved, for a time reaching from three to ten years. Among these last are six officers, who for many years—one of them for six years—have performed their military service without interruption. Some had symptoms of acute phthisis; others had been tuberculous for a long time, and had repeated hemoptysis.

THE PASTEUR INSTITUTE.

President, Dr. Roux.

The Bacillus of Typhoid Fever.—In 1872 Eberth found microbes in the spleen and glands of the dead from typhus. In 1884 Graffky succeeded in isolating them. After uniting them with gelatine, most frequently, or glucose, or upon potato, he obtained colonies of bluish spots. Under the microscope the bacillus presents the form of a small rod with round extremities and of various dimensions, according to age. He colored them by all the methods except that of Gram. The bacillus of Eberth has no spores, and dies at 70°. It resists acids, and according to Chantemesse and Widal has a characteristic affinity with phenic acid in strong doses. It exists in the bodies of typhics, but never in the blood. The typhic bacillus is pathogenetic for animals; mice are especially sensitive. It acts in animals either by a veritable infection—after inoculation of a culture of the typhic bacillus it is found in the majority of the viscera, or by poisoning, after inoculation of the toxine extract of the culture of the typhic bacillus; death is produced by intestinal lesions. Sanarelli succeeded in immunizing guinea pigs. Chantemesse and Widal made experimental applications for the treatment of typhoid fever. The chief agent for the dissemination of the bacillus of Eberth is water polluted by typhic stools. The search for the bacillus in the water and the stools is extremely difficult, and it has often been confounded with the bacterium coli. A great number of methods have been adopted in the researches. According to Perre, by diluting the culture and adding peptone and phenic acid, a medium would be had in which the typhic bacillus can only be evolved.

J. A. C.

TRANSLATIONS, GLEANINGS, Etc.

RETROSPECTIVE THERAPEUTICS.

By Alfred K. Hills, M.D., Fellow of the Academy of Medicine, New York.

Collodion in Anal Fistula.—Dr. J. Garmell suggests (*Med. Age*) treatment of fistula in ano by pure collodion applied directly to the open wound. Though the application causes intense momentary pain, this is quickly succeeded by a pleasant, comfortable sensation. It contracts the parts, and acts as a protective beneath which healing takes place rapidly.

Ozone in Whooping Cough.—The *Bulletin Medical* reports twenty-two cases of whooping cough treated with inhalations of ozone. It acted immediately in diminishing the frequency, the length and severity of paroxysms; it shortened the course of the disease remarkably and the general health improved at once, although the cases treated were all severely attacked.

Silver Nitrate for Hemorrhoids.—A novel procedure for the treatment of hemorrhoids is recommended in a German publication. It consists in painting the nodules once daily with a 2 per cent. solution of nitrate of silver, which causes a gradual reduction in size without the least pain. In the cases reported the tumors had entirely disappeared in the course of one or two weeks.

Cancer of the Rectum Cured by Slippery Elm Bark.—Dr. George J. Monroe, Louisville, Ky., writes in the *Cincinnati Medical Journal* that he has had very favorable results from the following simple method of treatment. Fresh slippery elm bark, in water, was used as an injection, and as much of the mucilage drank as the patient could dispose of, the juice of a lemon being squeezed into each glassful, to make it more acceptable. Four advanced cases of undoubted cancer of the rectum are detailed, in which a complete cure appears to have been effected, the diseased tissue being almost or entirely absorbed. The writer concludes: "I believe in the use of the slippery elm. I think that in it we have an absolute cure for cancer of the rectum. I have no reason to offer why it produces these favorable results. All I claim is, that I know

it does. * * * I do not know it to be a specific for rectal cancer. I do not ask anybody to endorse my ideas without trial. I would respectfully ask my friends to make use of the treatment in rectal cancer and report results."

The Sand Bath as a Cure.—The Mohammedans, in their ablutions, replace water by sand when needful. This religious practice has, it appears (*Cosmos*), become an element of modern therapeutics. At the reunion of Swiss physicians, held last year at Ouchy, Dr. Suchard read a paper on the sand bath. Invalids have been completely or partially cured by sand heated to a temperature varying, according to the cases, from 45 to 60 degrees centigrade. The sand, containing air between its particles and being a bad conductor of heat, transmits it in a gentle and almost insensible manner. Respiration is favored up to the point where a patient may lose two quarts of liquid in one sand bath. Thanks to this evaporation, the invalid may support continued high temperature without the actual temperature of the body rising more than a few degrees, and this without fear of heart affections, if care be taken to put hot sand on the feet at the outset. The number of ailments that may be treated by this powerful curative agent is considerable. In the first place, it is especially beneficial to chronic rheumatism and to gout. Neuralgia and sciatica are cured or benefited by local or general baths. The most varied organic troubles of the nervous system, cardiac or digestive affections, have been treated by this method, sometimes with remarkable success. The same is true of tuberculous affections of the bones and joints. The account given by Dr. Suchard contains statistical tables relating to more than 100 patients annually.

Thymus Serpyllum in Pertussis.—Dr. Sidney B. Straley reports in *American Doctor*, the results of the use of thymus serpyllum in pertussis. He used a tincture made from the green drug. His conclusions are:

1. Thymus serpyllum is a specific for pertussis.
2. It acts in any stage of the disease.
3. It is also a nerve sedate and gastric stimulant.
4. It is necessary to use the green plant.
5. It is perfectly harmless in doses as large as a teaspoonful of the tincture for a child of eight years.
6. The action is fully established in twenty-four hours and completed in five days.
7. Lastly: Indications are that there will be no recurrence subsequently, at least, not more often than in cases which run the full course.

Turpentine as a Remedy for Mumps.—Dr. C. M. Holden, Windsor, Vt., in the *Massachusetts Medical Journal*, gives it as the result of his long experience, that turpentine, in the usual doses, according to the age of the patient, is a specific against mumps. The patients quickly recover, without metastasis to other organs.

Therapeutic Value of Oxygen.—Dr. James W. Russell (*Birmingham Med. Rev.*), after extensive experience in the use of oxygen inhalations, concludes that the administration of this gas "is rational treatment when there is a deficient entry of air into the lungs. It is only valuable in such cases."

MacAlister has reported, in the *Lancet*, a case of uremic coma and one of morphine poisoning, in both of which recovery was apparently due to the administration of oxygen by inhalation. The first case occurred in a man, thirty-nine years old, who, in addition to albuminuria and diminished secretion of urine, presented edema, vomiting, cyanosis, loss of vision and derangement of consciousness, progressing to coma. Improvement speedily followed the introduction of pure oxygen through a rubber tube introduced into one of the nostrils, and eventually led to recovery. In the second case, a young woman had taken in rapid succession eight pills, each containing half a grain of morphine. The usual measures had been employed—mustard to the calves and chest, atropine, artificial respiration—but consciousness remained in abeyance and the cornea insensitive, while the breathing was shallow and infrequent, and the surface became cold and cyanotic. The vulcanite tube connected with the oxygen receptacle was introduced into the pharynx and the gas permitted to

enter, artificial respiration being meanwhile maintained. Improvement was soon apparent, and slowly continued, until recovery was assured.

An Italian physician recently reported the case of a man who had suffered from diabetes for two years. After a trial of other methods without success, oxygen inhalation was employed, the patient taking an average of forty-five gallons of oxygen daily. The urine began to diminish in a few days, and in less than two months the sugar had entirely disappeared. The patient improved in weight, and in two or three months was pronounced entirely cured.

RETROSPECTIVE DIETETICS.

Concentrated Milk.—A writer in the *British Medical Journal* has called attention to the value of concentrated milk in certain forms of diarrhoea and in wasting disease, and especially in cases in which the patient is unable to take other nourishment, and cannot take a sufficient amount of milk in its ordinary diluted form to meet the demands of the body. Concentrated milk is prepared by evaporating the milk in a porcelain dish over some suitable heating apparatus, care being taken to see that the liquid does not boil and to stir it continually. By this means cream is prevented from rising, and the evaporation is not delayed by the formation of a scum over the surface. With proper apparatus and attention, milk may be reduced to one-half its volume in one hour.

Infant Feeding.—Dr. Cheney (*Occidental Med. Times*) believes that mothers usually feed their babies too often. At first the interval should be about one and a half hours; at six weeks give food every two hours; three months at every three hours; at six months, give every four hours, and keep that interval from then on. As to the manner of feeding, he says we have all seen failures in infant feeding, not due to quality, quantity, or irregularity, but caused by bolting the food. We cannot do so ourselves without suffering thereby. The baby is usually given the bottle and literally "swills" its contents down, a whole bottleful, which is the source usually, of the indigestion. The nurse or mother should handle the bottle and allow the baby fifteen minutes to drink what may be in it.

Artificial Milks Deleterious.—The Paris correspondent of the *Medical Record* deals with this subject as follows:

Sterilized milk, maternized milk, pasteurized milk and phosphatized milk are pompous and high-sounding names with which dealers in *lacteal fluid stamp their wares* that are recommended as substitutes for natural human milk. Injustice and often injury are done, not only to the child who is nourished by them, and who certainly has a right to its mother's milk, but also to the mother herself, who is only truly such when she carries and nurses her child. These are laws of Nature which it would be well to promulgate afresh and emphatically, because they are beginning to be forgotten since numberless interested advertisements, unfortunately often coupled with medical advertisements, are constantly appearing in print, vaunting the merits and advocating the superiority to mothers' milk of sterilized milks, maternized milks, phosphatized milks, naturally or artificially prepared. The public, led into error by reading these artfully prepared notices in the daily press or lay-medical and health journals, end by believing that mothers' milk can be thus easily replaced, and without serious objection.

This substitution is nevertheless highly deleterious, and it is a crying injustice to deprive children of their mothers' milk under the fallacious pretext of substituting therefor pasteurized milk. Pasteurized milk, that is to say, cow's milk passed twice to a temperature of more than 60° C., evidently no longer possesses, after the coagulation of the albumen and a part of the casein, the properties of a good, digestible and sound milk. It is well-known that children brought up on such milk are more delicate and less well-developed than those nursed by their mothers. It is true that some succeed in overcoming this scanty nourishment and thrive in spite of the insufficiency of nutritives when they are of an unusually good constitution and come of remarkably strong and healthy parentage. But many fade

and those that do not die grow up delicate or sickly when they might have been vigorous and well-developed with their mothers' milk.

Maternized milk, a happy name with which to baptize a new production, is simply cows' milk which is modified by the action of cane sugar upon the casein contained therein and thus made to resemble more or less mothers' milk.

Another method of maternizing milk is to add to cows' milk a certain quantity of artificial serum, composed chiefly of salt and water. Phosphatized milk is obtained by the addition of the phosphate of soda to cows' milk in the proportion of from fifteen to thirty grains to the litre. Sterilized milk obtained by heat is but another name for pasteurized milk of which we spoke above. All these are pretexts for foreign nourishment, and it is the duty of every physician to oppose vigorously the generalization of such deleterious substitutions; the more so at the present time, as the warm months are at hand, and the first and second summers of infancy are the ones in which there is the greatest mortality from infantile diarrhoea, cholera infantum and athrepsia.

The Treatment of Epistaxis.—Gillette says that in epistaxis the use of hydrogen dioxide (peroxide hydrogen) with any suitable syringe, will be followed by very gratifying results. Use a teaspoonful or more of the remedy in full strength, and the relief will be immediate. In operations in the nasal cavity, when bleeding obscures the vision, inject the hydrogen dioxide, ask the patient to blow the nose, and the field is clear again.—*Brit. Med. Jour.*

The Cornell Brain Association.—This singular association apparently has for its object the *post-mortem* study of the effects on the human brain of education and good morals. At least we learn from the daily press that Dr. Wilder, of this association, has made another appeal to educated and moral persons to bequeath their brains to the institution for scientific study. In response to this letter the society has already received eight brains, and has the promise of twenty-five others, which are as yet being used by their owners. These latter include the brains of Thomas K. Beecher, of Elmira, and Mrs. McGee, daughter of the astronomer, Simon Newcomb. Apparently no brains of immoral or uneducated persons can be used by the association, though it would seem that a few of the latter classes might prove of advantage for purposes of comparative study.—*Boston Medical and Surgical Journal*.

The Pineal Body.—In *Popular Science News*, for October, Anna Hinrichs presents an illustrated article on the comparative anatomy of the pineal body. Her thesis is, that this body or "gland" is the rudimentary third eye of man and all vertebrates. The central point of our brain, which so long has remained a mystery to the student of human and comparative anatomy, now appears as the rudiment of a third eye, overgrown and depressed by the immense development of the brain. In other words, at the expense of a third eye, man has secured his brain, the organ of intellect. This discovery is not only very interesting, but also remarkably instructive, since this rudimentary third eye of man was looked upon by Descartes as being the seat of the soul.

In closely examining the skulls of certain lizards, it was found that near the top of the head, under the dark opaque skin, and often in the very bone, an almost perfect eye exists, though no ray of light ever could reach it. Such an eye is represented in the upper figure of this cut. This eye shows a crystalline lens, a retina of very complex structure, and an optic nerve; in fact, all the essential parts of a perfect eye. But, being covered by the opaque skin of the animal, it is absolutely useless. If this optic nerve is traced to the brain, it is found to connect the eye with the so-called pineal gland of the brain. This pineal gland is in no sense of the word a real gland, but a definite portion of the nervous tissue of the brain, invariably located just back and partly over the cerebrum, and in front of the rounded brain mass which generally is considered to correspond to the corpora quadrigemina in man."

It is probable that this third eye was, at an earlier stage of development, not rudimentary, but in constant use. A moderate modification—namely, a transparent integument—would suffice; this is exactly the condition of the normal eyes in reptiles to-day; the skin covers them, but it is transparent where it passes over the eye. In the skulls of some of the gigantic reptiles of the earlier age of this globe, paleontologists have long ago found a large, round perforation. Probably this was the socket of the third or pineal eye of the ichthyosaurus, the plesiosaurus, and the labyrinthodon. But a much more important conclusion must be drawn from this discovery; namely, that in all vertebrates, even including man, the traces of this third eye remain to this day. The pineal eye of lizards being connected with the large pineal gland of the same, it would seem that the pineal gland itself is but the nerve center or optic thalamus for this third eye. In all reptiles and amphibia the pineal gland is large; so it is also in fishes. In the higher vertebrates, the cerebrum develops very highly, overgrowing the posterior portions, under the influence of which preponderance of the cerebral mass the pineal body is more and more repressed into rudimentary forms. But it remains with obstinate pertinacity. It is even always present in man—though here only the size of a pea, and rudely resembling a pine cone in shape. It seems also degenerate in structure, having hardly any nervous tissue. These facts of form and structure have given rise to its name, that of pineal gland. The position of the pineal gland in man is almost in the very center of the brain. The pea-like rounded mass attracts attention when the third ventricle of the brain is opened. It is almost free, being held in place by two light, stalk-like bands or peduncles, which connect it to the cerebrum anteriorly. The gland, so-called, is rather vascular, and contains, also, crystalline mineral matter, the so-called *acervulus cerebri*, consisting mainly of phosphates.—*Jour. of Am. Med. Ass'n.*

The Employment of Europhen in Venereal Practice.*—(By Dr. Carl Kopp, of Munich.) At the beginning of this year, I made a number of experiments with Europhen which proved so satisfactory that when an opportunity presented itself in the spring, I repeated them on a much more extensive scale.

It is my intention in this communication to record my experience with the use of Europhen in venereal practice, although it has given me good service in a variety of other diseases, as in several cases of paronychia, in ulcers of the leg, as well as in the management of simple wounds. The observations recorded below relate to nineteen cases of chancroids, to nine cases of inguinal bubo, in two of which after spontaneous opening the wound became converted into a large typical soft chancre; and to seven cases of moist papules in the genito-crural and anal region.

I. Chancroids.—Among nine cases of typical chancroids I employed curetting of the ulcers as recommended by Petersen in five instances. This procedure can be readily carried out under an anesthesia. The resulting wound surfaces, which bled quite copiously, were dried and compressed with sublimate gauze until the hemorrhage had ceased, when a dry dressing of Europhen 1 part, and finely pulverized boric acid 3 parts was applied. Under this crust prompt healing occurred in all cases, once on the fourth day, twice on the seventh, once on the tenth, and once on the eleventh day. In one of these cases, four days after curetting a painful swelling of the inguinal glands ensued, going rapidly on to abscess formation, and demanding incision of the softened glands. Healing of the resulting wound took place in seventeen days. In the remaining fourteen cases of chancroids, the ulcer and its surroundings were thoroughly cleansed with sublimate solution 1 to 1,000, dried with cotton and then covered with Europhen in substance, or mixtures of Europhen with boric acid, equal parts, or sometimes in proportions of 1 to 3 or 1 to 5. The application of this powder was repeated two or three times

daily, each application being preceded by a brief cleansing of the ulcers with sublimate solution. The period of healing under this treatment varied from six days to five weeks, amounting on the average to seventeen days, and occupying about the same time as the iodoform treatment of chancroids. The mixture of this preparation with boric acid was employed chiefly for reasons of economy, in order to determine whether, in view of its somewhat high price, smaller quantities of Europhen could be successfully utilized. I found that mixtures as dilute as 1 to 5 were extremely effective. Signs of irritation from the use of the pure preparation were never observed. In order to insure efficiency it is of importance that—as emphasized by other writers—the powder be brought in contact with moist secreting surfaces. Under this method of treatment the occurrence of inguinal bubo cannot be always prevented. Among the fifteen cases above mentioned, a suppurative lymphadenitis inguinalis on the right side occurred in one case, which, after being opened, healed in about three weeks.

II. Buboes Resulting from Chancroids.—Of the cases of bubo treated with Europhen, two are of especial interest, in which the glandular abscesses, which, at the commencement of treatment, had been partially emptied by spontaneous opening, became converted into chancroidal ulcers of large dimensions. Whether this was due to secondary infection of the resulting wounds by the secretion of the still existing chancroidal ulcers in the genital region, or whether there were present ulcerating buboes from the start, the virus being transmitted to the glands through the lymphatics, cannot be decided. The possibility of the latter occurrence seems, in my opinion, not excluded, although contrary to the views of Strauss and others. In both cases the still existing chancroidal ulcers, as well as the cavities of the buboes, were curedtted; the ulcerated margin of the buboes removed with the sharp spoon, the projecting flaps of skin and fragments of tissue excised with forceps and scissors, thoroughly disinfected, and a dressing of Europhen and boric acid, 1 to 2, applied. The reaction was slight; the dressing, which was changed on the third day, was only moderately saturated with blood and serum; the ulcerated character of the glandular abscess had disappeared, and under continued use of Europhen and boric acid the cavity of the bubo closed in respectively sixteen and twenty days. In seven other cases of sympathetic inflammation of the inguinal glands, with suppuration, the abscesses were opened, scraped out, the bleeding arrested, and after disinfection with sublimate solution the wound cavity was plugged with tampons impregnated with Europhen boric acid powder, 1 to 5. According to the existing conditions, the wounds healed completely during a period varying from fourteen to thirty-two days, the surroundings never exhibiting inflammatory reaction and the secretions remaining constantly odorless. Persisting fistulae failed to occur in a single case. I mention these cases simply for the purpose of illustrating the perfectly unirritating character of Europhen even employed in large quantities, without desiring to assert that the same odorless dressing result could not have been secured from the application of other odorless dressing powders.

III. Moist Papules.—Of course, by the application of Europhen to moist papules only a local palliative effect was intended. We tried in seven cases before instituting constitutional treatment with mercury to convert the hypertrophied and profusely secreting papule late in the genito-anal region into dry form, and bring about cicatrization by application of a mixture of Europhen and boric acid, 1 to 3. By separating opposing surfaces of skin by means of layers of cotton this was effected in a satisfactory manner, but the result of this treatment, in point of time, seemed to me inferior to those obtained from the Labarraqe method, ordinarily employed by me. The cicatrization of the papules in the experimental cases occupied from three to ten days.

From what has been said above, I believe that Europhen can be recommended especially for the treatment of infectious venereal cases, after curetting of the ulcers, as a substitute for iodoform. In other cases of specific and non-specific ulcerations it is useful, but not indispensable.

* Translated from *Aerztlicher Central-Anzeiger*. No. 27, 1895.

Dr. Baer teaches (*Philadelphia Polyclinic*) that the curette is used entirely too much, immediately after labor. Blood-vessels that Nature has closed are opened by its use, thus destroying the structures which have been formed for a distinct purpose, and defeating that purpose.

Of course, if there is anything in the uterus which ought to be removed then the curette may be of service.

It is his experience that those practitioners who use the curette and irrigation constantly have more trouble than those who do not.

In Endeavors to diagnosticate sex of a fetus in utero by the difference in the heart-sounds, Dr. Wells, of the Obstetric Clinic, (*Philadelphia Polyclinic*) considers that the character of the cardiac pulsations is of as much importance as the difference in the number of beats. It has been his experience that the sound of the male foetal heart as heard through the mother's abdominal wall gives not only a fewer number of pulsations to the minute, but the heart sounds are stronger, rather longer in duration and of lower pitch. The type of sound comes slightly nearer to the adult type. In female children the pulsations are rather more rapid, weaker and of a higher pitch, resembling almost exactly the sound of the ticking of a watch heard through a soft feather pillow.

Santini's Hydatid Resounding or Booming as a Diagnostic Sign of Multiple Hydatid Cysts.—Dr. Santini, in a monograph "On Combined Auscultation and Percussion in Hydatid Cysts," states that on percussing a hydatid cyst whilst auscultating it with the stethoscope a special sound is heard. This is described as a sonorous booming (*rimbo sonoro*) of a low tone, brief, and ending in a rapid manner. To further illustrate it, the author compares it to the sound obtained on percussing a membrane stretched on a metallic frame.

Dr. Thomas Fiaschi (*Australasian Med. Gazette*, Aug. 20, 1895) considers this new sign a valuable addition to the semeiology of hydatid disease, and may be the means of preventing many useless exploratory incisions. A further practical application of the sound, not mentioned by Santini, but obvious to anybody, is that it enables you to diagnose single from multiple cysts. In single cysts you get the hydatid-resounding uniform in tone, no matter on what point of the tumor you percuss. In multiple cysts, however, as soon as you percuss on a point of the tumor not covering the cyst over which your stethoscope is pressed, you get a sound having all the characters of hydatid-resounding, but different in tone from the one obtained by percussing the cyst over which your stethoscope is pressed. Thus, by percussing all over the area of the tumor, and changing the position of the stethoscope, you can judge, not only whether there is a single or a multiple cyst, but also the number of cysts composing the latter. As a practical example of this method, Dr. Fiaschi quotes the case of a boy which came under his care three months before. "He presented a large globular swelling in the epigastrum, to the right of which were two other small swellings. To all appearances the swellings were due to a hydatid cyst. It was, however, doubtful whether the cyst was single, with some depressions in it, due partly to the round ligament, partly to adhesions, or multiple. No marked fluctuation was present, the walls of the cyst being very tense, and on pushing the cysts about they moved altogether, so that no definite information could be obtained. On auscultating the percussion sound, I got the hydatid booming in all three of the projections, but when I tried to auscultate one cyst and percussed the other, I got a note similar to the booming but quite different in tone from what I obtained when percussing and auscultating the same cyst. As this difference was constant over all the three projections, I came to the conclusion that the cyst was multiple, and composed of no less than three cysts. On operating a few days after I found my surmise correct, for there were three cysts, with the addition of a fourth one on the convex surface of the liver."

"Considering the great difference in the prognosis of a

multiple from that of a single cyst, I think this application of Santini's hydatid-resounding worthy of notice, and I recommend it for study and further development."

Diseases Which May Simulate Pleurisy.—A writer in "an American contemporary," as quoted in the *Medical Times*, groups the diseases which simulate pleurisy with effusion, thus: (1) Diseases of the pleura, excepting hydatid cysts. These are rare, the only one mentioned being a case published by Oulment, in which cartilaginous degeneration of the pleura gave rise to dullness, bronchophony and absence of vibrations in such a way as to make the diagnosis of pleurisy seem clear, and it was only at the autopsy that the true condition was discovered. (2) Diseases of the lungs. Under this group are included pneumonia with bronchial obstruction (in which the temperature often forms the only guide), "spleno-pneumonia" (a disease which we hear of for the first time, and which is, according to Graucher, a pulmonary congestion whose symptoms resemble those of pleurisy); hydatids of the lungs and pulmonary carcinoma. (3) Diseases of the mediastinum, among which it is stated that both cysts and aortic aneurism have been mistaken for pleurisy. (4) Diseases of the liver, especially hydatid cysts when they encroach on the thoracic cavity. Error of diagnosis here can only be avoided by carefully tracing the limits of dullness. Hepatic carcinoma has also given rise to a false diagnosis. (5) Diseases of the kidney, mention being made of one case of perinephritic abscess which closely simulated pleurisy.

Concealed Tuberculosis.—In the *N. Y. Medical Journal*, Aug. 10, 1885, Dr. R. K. Rachford gives the prominent symptoms of glandular or concealed tuberculosis, as it occurs in children or youths to the age of twenty. As this affection is curable, and when recovered from affords immunity against pulmonary tuberculosis later in life, we give the symptoms below.

1. Family history of tuberculosis.
2. History of exposure to contagion in infancy or early childhood.
3. Pronounced anaemia without apparent cause.
4. Irregularity and early appearance of the menstrual function.
5. A scant and pale menstrual flow, followed by leucorrhoeal discharge.
6. Dyspnoea and pain in the side on slight exercise.
7. Proneness to catch cold.
8. Abnormal dwarfishness of the body.
9. Progressive failure of the health.
10. Neurotic disease, especially incontinence of urine. Sixty per cent. of his clinical cases with incontinence are tuberculous, and 45 per cent. of the neurotic cases are tuberculous.
11. Dyspepsia, associated with chronic diarrhoea or constipation.
12. Enlargement of external lymphatics, accompanied by pronounced and inexplicable anaemia.

Practical Points in Anesthesia for Plastic Operations About the Eye.—Dr. M. W. Zimmerman thus concludes an article in the *Journal of the American Medical Association*, October 19th (*Daily Lance*):

1. Plastic surgery about the eye demands complete and prolonged anaesthesia, with the minimum of risk to the patient, and which can be induced without impairing the life of the tissues or infecting the wounds.
2. Ether, among general anaesthetics, best meets these demands. The method of administration should be simple, cleanly, and avoid encroaching upon the field of operation.
3. Cocaine is the only suitable local anaesthetic. For the conjunctiva it may be applied to the surface in two to four per cent. solutions. When the skin is involved, subcutaneous injection becomes necessary. The punctures should be few and the dose not exceed twenty-five grains.

MISCELLANY.

—Oil of sassafras will destroy pediculi and their ova.

—How curious it is to talk of doctors paying visits. Everybody knows that the visits pay the doctor.

—The "X" rays have been found to exert a strong depilatory action, without causing pain or other indication of disorder.

—In this city it is estimated that there are about 15,000 persons at all times suffering from consumption, of which 5,000 die yearly.

—Cohn says a single germ could, under good conditions, multiply in three days to 4,772,000,000,000, and make a mass weighing 7,500 tons.

—It is said that the tendons found in the tail of a dog make better sutures than either catgut or kangaroo tendon, when properly prepared in sublimate.

—Dr. Burggraeve, Professor of Medicine in the University of Ghent, and founder of the Dosimetric System, is ninety-nine years old. He drinks and smokes.

—The City of Odessa has voted an appropriation of nearly half a million dollars for the establishment of a medical faculty in connection with the university of that city.

—Instead of putting foreign substance, "black salve," vaseline, ointment, or linament of any kind, upon a fresh cut, cleanse the wound, then tie it up neatly in its own blood.

—Dr. William Sprague, of Coldwater, Mich., has just celebrated his ninety-ninth birthday, and is still an active man. He has practiced his profession for over half a century.

—Every fatal case of typhoid, says the editor of the *British Medical Journal*, is, in fact, a violent death, an example of water poisoning, and should be the subject of sanitary inquest.

—Prof. Kohler, Imperial German health officer, has found in the cases examined by him symptoms of tuberculosis in the body of every third person who died between the ages of fifteen and sixty.

—The female medical students in India have been presented with a hotel, which is to be used as a residence for them during term time. An Indian official has given 25,000 rupees to the fund for its support.

—The working men of Birmingham, Eng., have endowed the hospitals of that city with a sum amounting to nearly two million dollars. In this good work they stand alone, no other city working population having done so.

—The *Post-Graduate* says: "This is not an age for reading books in medicine. What men who have graduated, and who have a thorough fundamental knowledge chiefly want, are cyclopedias and dictionaries and journals."

—The youngest member of the French Academy of Medicine is Dr. Raphael Blanchard, aged thirty-nine years. He is regarded as an authority on the parasitic diseases of man, and is now engaged upon an important zoological work.

—Dr. Sanchez de Silvera (*Lo Sperimentalista*) asserts that healthy infants never dribble. The latter condition is due either to disorders of the digestive apparatus or to obstruction of nasal respiration, but is altogether unconnected with dentition.

—A census of centenarians recently taken in France, gives 213 persons of 100 years or over, 147 of them women and 66 men. The oldest was a woman who had just died at 150, in a village of the department of Haute Garonne. Nearly all the centenarians belonged to the lower ranks of life.

—A French medical paper prints what is believed to be the oldest medical recipe. It is for a tonic for the hair, and its date is 4000 B. C. It was prepared for an Egyptian Queen, and required dog's paws and asses hoofs to be boiled with dates in oil.

—At a village in Georgia, Dr. A. Q. Rhett, with an instrument of a similar name, scraped out the uterine cavity of a patient, and in a short time she aborted. (Didn't know it was loaded). Dr. Bledso had to be called in to assist in arresting the hemorrhage, she bled so.

—The *Charlotte Medical Journal* calls attention to the dirty habit of wiping a clinical thermometer upon handkerchiefs, bed clothes and towels, and then carefully replacing it in a case upon cotton which is never changed. Physicians are themselves carriers of disease germs.

—Opposition to the use of antitoxin treatment for diphtheria has already taken an organized form in England. A deputation, headed by Lord Coleridge, has protested to the authorities against its use in the hospitals, on the ground that "public money ought not to be devoted to experiments in psychology."

—According to the *Druggist's Circular*, the word "bike" is now given official standing in our language. The man who looks after the wheels—not the ones in their heads—of the royal family of England, is the "sergeant bikeman." The Queen conferred the title, and she ought to know her own English.

—A woman physician who died recently in Colorado bequeathed her body for dissection to one medical college, and half her wealth (which was considerable) to another. Her husband is reported to have complied with her wishes in the former case, and, presumably, had to give up the money also, though about this we are not informed.

—The *Coimbra Medica* denies the statement that has been going the rounds of the press, to the effect that the Queen of Portugal has been studying medicine, and lately received a diploma to practice. The report was probably based on the Queen's interest in various medical institutions, of which she is an influential and appreciative patroness.

—A Liverpool physician makes a portable spirit lamp out of a thermometer case, by simply fitting it with a few strands of lamp cotton and then filling with spirits. Screw on the top and place a piece of rubber tubing over the joint, making it spirit tight. Good for sterilizing needles. A suitable companion to Pavly's urinary test case and for other purposes.

—It is said that Mme. Audriffred has given to the Paris Academy of Medicine a sum equivalent to \$160,000, on condition that the same be securely invested and the income be paid yearly to the man who discovers a specific remedy for consumption, whether a Frenchman or a foreigner, when it can be definitely decided that such a remedy has been discovered.

—The *Journal of Medicine and Science* remarks concerning vaccination, that the opponents of this most beneficial measure have only to enter Italy and witness the frequent outbursts of smallpox, and its ravages among the rural population, to be taught a lesson of its value. Blindness from smallpox, almost totally stamped out in England, finds frequent victims still in Italy, where vaccination is only done sporadically among the country people.

—M. Daremberg, of Lyons, France, has found the exclusive use of phosphated milk of value in the preventive treatment of tuberculosis. He recommends the use of goat's milk as follows: Phosphated milk can be obtained by making a goat absorb a daily dose of twenty grammes of powdered calcined bones mixed with ten grammes of seasalt and combined with bran, barley or oatmeal and crushed carrots. In this way the phosphates are assimilated by the animal and supply the child with a reconstructive form of food.